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ABSTRACT

This document contains a task analysis for health occupations (home health aid) in the nursing cluster. For each task listed, occupation, duty area, performance standard, steps, knowledge, attitudes, safety, equipment/supplies, source of analysis, and Illinois state goals for learning are listed. For the duty area of "providing therapeutic measures," 27 tasks are included: remove fecal impaction; give enema; insert rectal tube; irrigate colostomy; apply cold compress; administer hot soak and sitz bath; apply heat lamp, warm compress, aquamatic pad, and ice bag; administer tepid bath; apply electric hypothermal blanket; assist with dressing change; apply clean dressing, elastic bandage, and binder; perform therapeutic procedures; set up croup tent and vaporizer; assist with postural drainage; suction infant's respiratory passage; assist with turning, coughing, and deep breathing; give vaginal douche; apply topical ointment; insert suppository; give therapeutic bath; and apply antiembolism elastic stockings. For the duty area of "performing diagnostic measures," 13 tasks are included: test patient's awareness; assist with physical examination; collect timed, clean catch, routine, and 24-hour urine specimens; collect sputum and stool specimens; strain urine; perform urine tests for sugar and acetone; measure specific gravity of urine; test for ketones; and weigh and measure infant. (NLA)

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Education For Employment Task Lists

Illinois
State Board of
Education

Adult
Vocational and
Technical Education

ED336580

1988

TASK ANALYSIS
FOR
HEALTH OCCUPATIONS

CLUSTER: **NURSING**

OCCUPATION: **HOME HEALTH AIDE**

Duty Area: Providing Therapeutic Measures

CE058964

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"KEY TO EFFECTIVE LEARNING"

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TASK ANALYSIS

FOR

HEALTH OCCUPATIONS

CLUSTER: **NURSING**
OCCUPATION: **HOME HEALTH AIDE**
Duty Area: Providing Therapeutic Measures

TASK ANALYSIS

OCCUPATION Home Health Aide

DUTY AREA Providing Therapeutic Measures

TASK Assist with removing, or remove, fecal impaction

PERFORMANCE STANDARD Client is examined for fecal impaction and findings are reported to nurse. After removal of impaction by nurse, client is cleansed. Treatment is reported and recorded.

STEPS

1. Receive assignment.
2. Verify client's identity.
3. Explain procedure to client.
4. Wash hands.
5. Organize needed supplies.
6. Place client in Sims' position.
7. Drape client to protect privacy.
8. Place bedpan nearby.
9. Put on clean gloves.
10. Lubricate index finger.
11. Insert finger into the anal sphincter to inspect for fecal impaction.
12. Remove gloves and place on paper towel.
13. Leave client in comfortable, safe position.
14. Report findings to nurse.
15. Assist nurse while impaction is being removed, if assigned.
16. Clean rectal area after impaction is removed.
17. Put away equipment and supplies.
18. Freshen air in client's room.
19. Leave client in comfortable and safe position.
20. Report and record treatment and results.

KNOWLEDGE

Use agency procedure for positively identifying client.
Wash hands aseptically.
Use communication skills to explain procedures to client and families.
Use aseptic technique.
Organize needed supplies.
Place client in Sims' position.
Identify advantages of water soluble lubricant.
Watch for signs of client discomfort.
Describe the anal sphincter.
Describe fecal impaction and the implications for client care.

KNOWLEDGE (Cont.)

Use medical terminology to communicate with other health care workers.
Make bed, occupied or unoccupied.
Move and turn client while client is in bed.
Cleanse and protect client's skin.
Chart treatments using agency recording system.
Observe results of treatment.

ATTITUDES

Respect client's right to privacy.
Respect client's dignity.
Realize organization prevents loss of time and client discomfort and inconvenience.
Empathize with client's feelings about procedure.
Communicate willing and matter-of-fact attitude.
Accept responsibility to do even distasteful nursing tasks thoroughly.
In addition, refer to Employability Skills List.

SAFETY

Prevent the spread of infection to client, staff, and families by using good handwashing and aseptic techniques.
Use principles of body mechanics to prevent injury to client and self.
Put siderails or safety barrier up before leaving client unattended.
Place call light where client can easily reach it.
Watch for signs of complications of procedure.
Discontinue treatment, and report any complications.

EQUIPMENT AND SUPPLIES

Disposable pad or newspapers
Bedpan
Clean gloves
Lubricating jelly
Paper towel
Air freshener
Client's chart

SOURCE OF ANALYSIS

V-TECS Catalog, Licensed Practical Nurse, Performance Objective 86.
Curriculum Models and Competencies, Associate Degree Nursing, North Carolina Department of Community Colleges, 1983.
V-TECS Catalog, Nurse Aide/Orderly, Performance Objective 60.

ILLINOIS STATE GOALS FOR LEARNING

Physical Development and Health:
- Goal 1-A: Immediate and long-term effects of exercise and lack of exercise on the circulatory, respiratory and muscular systems of the body.
- Goal 1-G: Basic human anatomy and physiology as it relates to health and disease.

ILLINOIS
STATE GOALS
FOR
LEARNING
(Cont.)

Goal 2-F: Proper diet and changing balances in special conditions.

Goal 2-K: Behaviors which promote self-esteem without being destructive to self or others.

Goal 2-R: Signs and symptoms indicating the need for professional medical attention.

Language Arts:

Goal 4-D: Use of appropriate language and nonverbal cues for the topic, audience, and setting.

Social Sciences:

Goal 3-F: Development of oral and written communication.

TASK ANALYSIS

OCCUPATION	Home Health Aide
DUTY AREA	Providing Therapeutic Measures
TASK	Give enema
PERFORMANCE STANDARD	Enema is administered using prescribed solution and following procedure. Client evacuated bowel with desired results and is clean and dry. Treatment is reported and recorded as required.

STEPS

1. Receive assignment.
2. Verify client's identity.
3. Explain procedure to client.
4. Wash hands.
5. Organize needed supplies.
6. Position bed flat.
7. Instruct client to empty bladder using bedpan, urinal, or commode as condition dictates, and assist if necessary.
8. Prepare solution to be administered.
   NOTE: Temperature should be approximately 40.5° C (105° F).
9. Run solution through tubing to remove air.
10. Place enema bag on surface 12-18 inches above client.
11. Position underpad beneath client's buttocks.
12. Position client in Sims' position or on back with bedpan under buttocks and knees flexed as condition dictates.
13. Lubricate 1-2 inches of tip of enema tubing.
14. Put on gloves.
15. Spread client's buttocks and insert tube, slowly and gently about 4 inches into rectum.
16. Release clamp and administer solution.
    NOTE: If client experiences discomfort, stop flow and begin again at slower rate.
17. Clamp and remove tubing when client can retain no more solution.
18. Wrap tubing in underpad.
19. Have client take deep breaths to help retain solution.
20. Position client on bedpan and tell client to evacuate bowel or assist client to bathroom to use toilet, as condition dictates.
21. Place toilet tissue and call button within reach.
22. Instruct client to call for assistance when finished evacuating.
23. Assist client to clean anal area.

STEPS
(Cont.)

24. Remove and cover bedpan, if used.
25. Note contents of bedpan or toilet before disposing of fecal material.
26. Assist client in washing hands.
27. Replace soiled gown and bed linens if necessary.
28. Clean area.
29. Leave client in comfortable and safe position.
30. Clean equipment and return to storage.
31. Wash hands.
32. Report and record treatment and results.

KNOWLEDGE

Read and interpret assignment sheet.
Read and interpret client care plan.
Use facility procedure for positively identifying client.
Wash hands aseptically.
Use communication skills to explain procedures to client and families.
Use aseptic technique.
Organize needed supplies.
Operate hospital bed.
Place client in Sims' position.
Identify various kinds of enemas that may be administered.
Give oil retention, cleansing and disposable enemas.
Explain the anatomy of the digestive tract and what the implications are for this treatment, i.e., enema.
Explain principle of gravity as it relates to this treatment, i.e., enema.
Identify advantages of water soluble lubricant.
Watch for signs of client discomfort.
Describe the anal sphincter.
Assist client to use bedpan.
Use medical terminology to communicate with other health care workers.
Make hospital bed, occupied or unoccupied.
Move and turn client who is in hospital bed.
Cleanse and protect client's skin.
Chart treatments using facility recording system.
Observe results of treatment.

ATTITUDES

Respect client's right to privacy.
Respect client's dignity.
Realize organization prevents loss of time and client discomfort and inconvenience.
Empathize with client's feelings about procedure.
Communicate willing and matter-of-fact attitude.
Accept responsibility to do even distasteful nursing tasks thoroughly.
In addition, refer to Employability Skills List.

SAFETY

Prevent the spread of infection to client, staff, and families by using good handwashing and aseptic techniques.
Use principles of body mechanics to prevent injury to client and self.
Use thermometer to determine temperature of solutions.
Use gentle touch during treatment as mucous membranes are easily injured.
Prevent accidents by providing adequate assistance to client as indicated by their condition.
Put siderails up before leaving client unattended.
Place call light where client can easily reach it.
Discontinue treatment, and report any complications.

EQUIPMENT AND SUPPLIES

Disposable pad
Bedpan
Clean gloves
Lubricating jelly
Paper towel
Air freshener
Client's chart
Bath thermometer
Washcloth
Soap and water
Towels
Toilet tissue
Enema set
Enema solution
Clean gown and linens, if needed

SOURCE OF ANALYSIS

V-TECS Catalog, Nurse Aide/Orderly, Performance Objectives 57, 58.

ILLINOIS STATE GOALS FOR LEARNING

Biological and Physical Sciences:
- Goal 1-O: The nature of force.
- Goal 3-A: Ethical practices which include:
  - 3. rights of subjects, humanness and respect for life.
- Goal 4-A: Observation.
- Goal 4-F: Communication.

Language Arts:
- Goal 4-D: Use of appropriate language and nonverbal cues for the topic, audience, and setting.

Mathematics:
- Goal 3-E: Application of selected measurement systems, instruments, and techniques.

Physical Development and Health:
- Goal 1-A: Immediate and long-term effects of exercise and lack of exercise on the circulatory, respiratory and muscular systems of the body.
- Goal 1-G: Basic human anatomy and physiology as it relates to health and disease.
- Goal 2-F: Proper diet and changing balances in special conditions.
- Goal 2-K: Behaviors which promote self-esteem without being destructive to self or others.
- Goal 2-R: Signs and symptoms indicating the need for professional medical attention.
- Goal 2-T: Causes and methods of preventing common communicable and noncommunicable diseases, including dental disease.
- Goal 2-R: Signs and symptoms indicating the need for professional medical attention.

Social Sciences:
- Goal 3-F: Development of oral and written communication.

TASK ANALYSIS

OCCUPATION Home Health Aide

DUTY AREA Providing Therapeutic Measures

TASK Insert rectal tube

PERFORMANCE STANDARD Rectal tube is inserted. Procedure is reported and recorded as required.

STEPS

1. Receive assignment.
2. Verify client's identity.
3. Explain procedure to client.
4. Wash hands.
5. Assemble equipment.
6. Provide privacy.
7. Position client on side with one knee flexed.
8. Put on clean gloves.
9. Lubricate rectal tube.
10. Encourage client to take deep breaths as tube is inserted.
11. Insert tube about 4 inches.
12. Wrap free end of tube in towel.
13. Remove tube in 30 minutes or less.
14. Clean client's rectal area.
15. Freshen air in client's room, if necessary.
16. Clean and put away equipment and supplies.
17. Leave client in comfortable and safe position.
18. Wash hands.
19. Report and record treatment and results.

KNOWLEDGE

Read and interpret assignment sheet.
Read and interpret client care plan.
Use facility procedure for positively identifying client.
Wash hands aseptically.
Use communication skills to explain procedures to client and families.
Identify rectal tube.
Explain how a rectal tube can release flatus.
Explain how this procedure can make a client more comfortable.
Use aseptic technique.
Organize needed supplies.
Explain the anatomy of the digestive tract and what the implications are for this treatment, i.e., insert rectal tube.

KNOWLEDGE (Cont.)	Identify advantages of water soluble lubricant. Watch for signs of client discomfort. Describe the anal sphincter. Use medical terminology to communicate with other health care workers. Move and turn client while client is in bed. Cleanse and protect client's skin. Chart treatments using facility recording system. Observe results of treatment.
ATTITUDES	Respect client's right to privacy. Respect client's dignity. Realize organization prevents loss of time and client discomfort and inconvenience. Empathize with client's feelings about procedure. Communicate willing and matter-of-fact attitude. Accept responsibility to do even distasteful nursing tasks thoroughly. In addition, refer to Employability Skills List.
SAFETY	Prevent the spread of infection to client, staff, and families by using good handwashing and aseptic techniques. Use principles of body mechanics to prevent injury to client and self. Use gentle touch during treatment as mucous membranes are easily injured. Prevent accidents by providing adequate assistance to client as indicated by their condition. Put siderails or barrier up before leaving client unattended. Discontinue treatment, and report any complications.
EQUIPMENT AND SUPPLIES	Rectal tube Towels Washcloth Soap and water Clean gloves Lubricating jelly Paper towel Air freshener Client's chart
SOURCE OF ANALYSIS	V-TECS Catalog, Nurse Aide/Orderly, Performance Objective 65.

ILLINOIS STATE GOALS FOR LEARNING

Biological and Physical Sciences:
- Goal 1-O: The nature of force.
- Goal 3-A: Ethical practices which include:
  - 3. rights of subjects, humanness and respect for life.
- Goal 4-A: Observation.
- Goal 4-F: Communication.

Language Arts:
- Goal 4-D: Use of appropriate language and nonverbal cues for the topic, audience, and setting.

Physical Development and Health:
- Goal 1-A: Immediate and long-term effects of exercise and lack of exercise on the circulatory, respiratory and muscular systems of the body.
- Goal 1-G: Basic human anatomy and physiology as it relates to health and disease.
- Goal 2-F: Proper diet and changing balances in special conditions.
- Goal 2-K: Behaviors which promote self-esteem without being destructive to self or others.
- Goal 2-R: Signs and symptoms indicating the need for professional medical attention.
- Goal 2-T: Causes and methods of preventing common communicable and noncommunicable diseases, including dental disease.

Social Sciences:
- Goal 3-F: Development of oral and written communication.

TASK ANALYSIS

OCCUPATION	Home Health Aide
DUTY AREA	Providing Therapeutic Measures
TASK	Irrigate colostomy
PERFORMANCE STANDARD	Colon is emptied of fecal matter. Solution is administered with no solution remaining in colon. Procedure is reported and recorded as required.

STEPS

1. Receive assignment.
2. Verify client's identity.
3. Explain procedure.
4. Wash hands.
5. Assemble equipment at bedside or in the bathroom.
6. Connect irrigation cone or catheter to tubing of irrigation bag.
7. Fill irrigation bag with solution as ordered.
   NOTE: Temperature should be approximately 40.5° C (105° F).
8. Allow solution to run through tubing to remove air.
9. Clamp tubing.
10. Hang irrigation bag on standard.
    NOTE: Level of bag should not be more than 18-20 inches above stoma.
11. Provide privacy.

If client is in bed:

12. Assist client to turn toward side from which colostomy will drain.
13. Place disposable underpad under client near colostomy opening.
14. Place bedpan directly under stoma.

If client is in bathroom:

15. Assist client to sit on toilet so that colostomy can drain into toilet.
16. Put on disposable gloves.
17. Remove soiled dressing and/or stoma pouch.
18. Discard soiled dressing in disposable bag.
19. Measure excreta in bag and discard.
20. Cleanse area around stoma with soap and water.
21. Remove and discard gloves.
22. Put on fresh gloves.
23. Lubricate rectal tip.
24. Insert rectal tip into colostomy stoma and hold catheter securely to prevent backsplash and trauma.
    CAUTION: DO NOT FORCE TIP INTO STOMA.
25. Unclamp tubing and allow solution to run in slowly.

STEPS (Cont.)

26. Clamp tubing.
27. Remove rectal tube.
28. Instruct client to remain on side (or on toilet with irrigator drain bag in place) until all solution has returned.
29. Remove bedpan and discard contents (or flush toilet).
30. Remove and discard gloves.
31. Wash hands.
32. Cleanse area around stoma.
33. Apply skin prep as ordered.
34. Apply dressing or drainage bag.
35. Clean and put away equipment and supplies.
36. Leave client in a safe and comfortable position.
37. Wash hands.
38. Record and report treatment and results.

KNOWLEDGE

Read and interpret assignment sheet.
Read and interpret client care plan.
Use agency procedure for positively identifying client.
Wash hands aseptically.
Use communication skills to explain procedures to client and families.
Use aseptic technique.
Organize needed supplies.
Explain the anatomy of the digestive tract and what the implications are for this treatment, i.e., colostomy irrigation.
Explain reason for colostomy.
Explain different types of colostomies and the appearance of each.
Use ostomy supplies.
Apply colostomy bag or irrigating drain.
Explain principle of gravity as it relates to this treatment, i.e., colostomy irrigation.
Identify advantages of water soluble lubricant.
Watch for signs of client discomfort.
Use medical terminology to communicate with other health care workers.
Make bed, occupied or unoccupied.
Move and turn client who is in bed.
Cleanse and protect client's skin.
Explain special needs for skin care which is exposed to chemicals, adhesives and feces.
Encourage client in self care as appropriate.
Chart treatments using agency recording system.
Use observation skills to assess results of irrigation.

ATTITUDES

Respect client's right to privacy.
Respect client's dignity.
Realize organization prevents loss of time and client discomfort and inconvenience.

ATTITUDES (Cont.)

Empathize with client's feelings about procedure.
Communicate willing and matter-of-fact attitude.
Accept responsibility to do even distasteful nursing tasks thoroughly.
Empathize with client's feelings of altered body image.
Accept client's embarrassment or squeamishness at seeing feces in colostomy bag.
Recognize importance of teaching client acceptance and independence.
Accept possibility of client's initial feelings of being overwhelmed and unwilling to care for self.
In addition, refer to Employability Skills List.

SAFETY

Prevent the spread of infection to client, staff, and families by using good handwashing and aseptic techniques.
Use principles of body mechanics to prevent injury to client and self.
Use thermometer to determine temperature of solutions.
Use gentle touch during treatment as mucous membranes are easily injured.
Prevent accidents by providing adequate assistance to client as indicated by their condition.
Put siderails or barrier up before leaving client unattended.
Place call light where client can easily reach it.
Avoid excessive fluid pressure by holding container with solution at the best height to control instillation.
Discontinue treatment, and report any complications.

EQUIPMENT AND SUPPLIES

Bedpan with cover or toilet
Clamp
Disposable bag for waste
Disposable enema tray with small rubber rectal tube
Disposable gloves
Disposable underpad (for bed client)
Drainage bag or dressing
Irrigation bag
Irrigation cone or catheter
Standard
Client's chart
Prescribed solution
Skin prep
Soap pads
Stoma pouch

SOURCE OF ANALYSIS

V-TECS Catalog, Licensed Practical Nurse, Performance Objective 130.
Curriculum Models and Competencies, Associate Degree Nursing, North Carolina Department of Community Colleges, 1983.

ILLINOIS
STATE GOALS
FOR
LEARNING

Biological and Physical Sciences:
- Goal 1-O: The nature of force.
- Goal 3-A: Ethical practices which include:
  - 3. rights of subjects, humanness and respect for life.
- Goal 4-A: Observation.
- Goal 4-F: Communication.

Language Arts:
- Goal 2-F: Effective and appropriate responses.
- Goal 2-D: Distinction among different purposes in communication.
- Goal 4-A: Clear and expressive speaking.
- Goal 4-D: Use of appropriate language and nonverbal cues for the topic, audience, and setting.
- Goal 6-D: English grammar.

Mathematics:
- Goal 3-E: Application of selected measurement systems, instruments, and techniques.

Physical Development and Health:
- Goal 1-A: Immediate and long-term effects of exercise and lack of exercise on the circulatory, respiratory and muscular systems of the body.
- Goal 1-G: Basic human anatomy and physiology as it relates to health and disease.
- Goal 2-F: Proper diet and changing balances in special conditions.
- Goal 2-K: Behaviors which promote self-esteem without being destructive to self or others.
- Goal 2-M: Development of positive self-concept and how it relates to physical and emotional variations and interpersonal relationships.
- Goal 2-R: Signs and symptoms indicating the need for professional medical attention.
- Goal 2-T: Causes and methods of preventing common communicable and noncommunicable diseases, including dental disease.

Social Sciences:
- Goal 3-B: Selected principles of learning and motivation.
- Goal 3-C: Selected relationships between personality and development.
- Goal 3-E: Common support networks in contemporary society.
- Goal 3-F: Development of oral and written communication.

TASK ANALYSIS

OCCUPATION Home Health Aide

DUTY AREA Providing Therapeutic Measures

TASK Apply cold compress

PERFORMANCE STANDARD Bed linens and patient are dry. Cold compress covers the designated area and remains in place the prescribed length of time. The treatment and results are recorded and reported as required.

STEPS

1. Receive assignment.
2. Identify client.
3. Explain procedure to client.
4. Wash hands.
5. Organize needed supplies and equipment.
6. Position client in appropriate position depending upon where the compress is to be applied.
7. Place cold solution in basin.
8. Provide privacy for client.
9. Protect bed linen during treatment with plastic sheet or disposable pad.
10. Moisten compress in solution.
11. Apply compress to area to receive treatment.
12. Check pulses in area of treatment.
13. Keep compress cold by changing compress every 2-3 minutes or by applying plastic with an ice bag over compress.
14. Check area frequently for blueness or paleness.
15. Continue treatment for the specified period of time.
16. Dry client after the treatment.
17. Clean and return equipment to storage.
18. Leave client in comfortable, safe position.
19. Report and record treatment and results.

KNOWLEDGE

Read and interpret assignment sheet.
Read and interpret client care plan.
Use facility procedure for positively identifying client.
Wash hands aseptically.
Use communication skills to explain procedures to client and family.
Use aseptic technique.
Organize needed supplies.
Operate hospital bed.
Position client for treatment.
Watch for signs of client discomfort.

KNOWLEDGE (Cont.)

Use medical terminology to communicate with other health care workers.
Make hospital bed, occupied or unoccupied.
Move and turn client who is in hospital bed.
Cleanse and protect client's skin.
Chart treatments using facility recording system.
Observe results of treatment.
Explain the effects of cold on the skin and body.
Find pulse points of the body.
Apply an ice bag.
Time treatments as prescribed.

ATTITUDES

Respect client's right to privacy.
Respect client's dignity.
Realize organization prevents loss of time and client discomfort and inconvenience.
Empathize with client's feelings about procedure.
Communicate willing and matter-of-fact attitude.
In addition, refer to Employability Skills List.

SAFETY

Prevent the spread of infection to client, staff and families by using good handwashing and aseptic techniques.
Use principles of body mechanics to prevent injury to client and self.
Prevent accidents by providing adequate assistance to client as indicated by their condition.
Put siderails or barrier up before leaving client unattended.
Place call light where client can easily reach it.
Discontinue treatment and report any complications.

EQUIPMENT AND SUPPLIES

Basin
Ice
Plastic sheet(s) or disposable pad
Solution as prescribed
Ice bag
Towel(s)

SOURCE OF ANALYSIS

V-TECS Catalog, Nurse Aide/Orderly, Performance Objective 48.

ILLINOIS STATE GOALS FOR LEARNING

Physical Development and Health:
- Goal 1-A: Immediate and long-term effects of exercise and lack of exercise on the circulatory, respiratory and muscular systems of the body.
- Goal 1-G: Basic human anatomy and physiology as it relates to health and disease.
- Goal 2-R: Signs and symptoms indicating the need for professional medical attention.

ILLINOIS STATE GOALS FOR LEARNING (Cont.)

Language Arts:

Goal 1-A: Recognition, recall, and summarization of material read.

Goal 1-D: Sensitivity to difficulties of the text, requirements of the task, abilities and motivation.

Goal 2-A: Meaning of spoken messages.

Goal 4-A: Clear and expressive speaking.

Goal 4-D: Use of appropriate language and nonverbal cues for the topic, audience, and setting.

Goal 6-D: English grammar.

TASK ANALYSIS

OCCUPATION Home Health Aide

DUTY AREA Providing Therapeutic Measures

TASK Administer hot soak

PERFORMANCE STANDARD Designated area is immersed the prescribed period of time in the prescribed solution without burning the client. Procedure is reported and recorded as required.

STEPS

1. Receive assignment.
2. Identify client.
3. Explain procedure to client.
4. Wash hands.
5. Assemble equipment.
6. Place client in position for procedure.
7. Protect bed linen during treatment with plastic sheet or disposable pad.
8. Fill basin one-half full with solution as ordered.
9. Lower the part of the client's body slowly into the solution.
10. Cover the treatment area to conserve heat.
11. Add more solution to maintain the temperature of the solution.
    NOTE: Remove the body part from the basin while adding solution.
12. Check the client's skin during treatment for reaction to heat.
13. Pat client's skin dry.
14. Clean and store equipment.
15. Assist client to a safe, comfortable position.
16. Record and report treatment and results as required.

KNOWLEDGE

Read and interpret assignment sheet.
Read and interpret client care plan.
Use facility procedure for positively identifying client.
Wash hands aseptically.
Use communication skills to explain procedures to client and families.
Use aseptic technique.
Organize needed supplies.
Operate hospital bed.
Position client for treatment.
Watch for signs of client discomfort.
Use medical terminology to communicate with other health care workers.

KNOWLEDGE (Cont.)

Make bed, occupied or unoccupied.
Move and turn client who is in bed.
Cleanse and protect client's skin.
Chart treatments using facility recording system.
Observe results of treatment.
Determine the temperature of solution.
Explain the reaction of the skin to heat therapy.

ATTITUDES

Respect client's right to privacy.
Respect client's dignity.
Realize organization prevents loss of time and client discomfort and inconvenience.
Empathize with client's feelings about procedure.
Communicate willing and matter-of-fact attitude.
Respect the client's right to know about and participate in treatment.
In addition, refer to Employability Skills List.

SAFETY

Explain safe temperature of solution which is to be in contact with client's skin.
Prevent the spread of infection to clients, staff, and families by using good handwashing and aseptic techniques.
Use principles of body mechanics to prevent injury to client and self.
Determine temperature of solutions.
Prevent accidents by providing adequate assistance to client as indicated by their condition.
Put siderails or barrier up before leaving client unattended.
Place call signal where client can easily reach it.
Discontinue treatment and report any complications.

EQUIPMENT AND SUPPLIES

Basin
Plastic sheet
Solution as prescribed
Towels

SOURCE OF ANALYSIS

V-TECS Catalog, Nurse Aide/Orderly, Performance Objective 49.

ILLINOIS STATE GOALS FOR LEARNING

Physical Development and Health:
- Goal 1-A: Immediate and long-term effects of exercise and lack of exercise on the circulatory, respiratory and muscular systems of the body.
- Goal 1-G: Basic human anatomy and physiology as it relates to health and disease.
- Goal 2-R: Signs and symptoms indicating the need for professional medical attention.

ILLINOIS STATE GOALS FOR LEARNING (Cont.)

Language Arts:

Goal 1-A: Recognition, recall, and summarization of material read.

Goal 1-D: Sensitivity to difficulties of the text, requirements of the task, abilities and motivation.

Goal 2-A: Meaning of spoken messages.

Goal 4-A: Clear and expressive speaking.

Goal 4-D: Use of appropriate language and nonverbal cues for the topic, audience, and setting.

Goal 6-D: English grammar.

TASK ANALYSIS

OCCUPATION	Home Health Aide
DUTY AREA	Providing Therapeutic Measures
TASK	Administer sitz bath
PERFORMANCE STANDARD	Water temperature is prepared and maintained. Client is assisted into and out of tub safely. The sitz bath is continued for the designated time unless the client experiences faintness.
STEPS	1. Receive assignment. 2. Identify client. 3. Explain procedure to client. 4. Wash hands. 5. Organize equipment and supplies. 6. Fill tub 1/3-1/2 full of water. 7. Accompany client to bathroom. 8. Ask client to void. 9. Check the temperature of the water. 10. Assist client into tub. 11. Time the sitz bath as directed. 12. Add water to maintain temperature. NOTE: To avoid the danger of scalding, add hot water away from client. 13. Observe client for faintness. 14. Assist client from tub. 15. Assist client in drying. 16. Accompany client back from bathroom. 17. Clean tub. 18. Remove soiled linens and equipment. 19. Report and record treatment as required.
KNOWLEDGE	Read and interpret assignment sheet. Read and interpret client care plan. Use facility procedure for positively identifying client. Wash hands aseptically. Use communication skills to explain procedures to client and families. Use aseptic technique. Organize needed supplies. Watch for signs of client discomfort. Use medical terminology to communicate with other health care workers. Cleanse and protect client's skin. Chart treatments using agency recording system.

KNOWLEDGE (Cont.)	Observe results of treatment. Determine the temperature of solution. Explain the reaction of the skin to heat therapy. Time treatments as prescribed. Recognize faintness.
ATTITUDES	Respect client's right to privacy. Respect client's dignity. Realize organization prevents loss of time and client discomfort and inconvenience. Empathize with client's feelings about procedure. Communicate willing and matter-of-fact attitude. Respect the client's right to know about and participate in treatment. In addition, refer to Employability Skills List.
SAFETY	Explain safe temperature of solution which is to be in contact with client's skin. Prevent the spread of infection to clients, staff, and families by using good handwashing and aseptic techniques. Use principles of body mechanics to prevent injury to client and self. Determine temperature of solutions. Prevent accidents by providing adequate assistance to client as indicated by their condition. Place call signal where client can easily reach it. Discontinue treatment and report any complications. Maintain temperature of water by adding hot water to tub a safe distance away from the client.
EQUIPMENT AND SUPPLIES	Towels Bath thermometer Bathtub
SOURCE OF ANALYSIS	V-TECS Catalog, Nurse Aide/Orderly, Performance Objective 50.
ILLINOIS STATE GOALS FOR LEARNING	Physical Development and Health: Goal 1-G: Basic human anatomy and physiology as it relates to health and disease. Goal 2-R: Signs and symptoms indicating the need for professional medical attention.

ILLINOIS STATE GOALS FOR LEARNING (Cont.)

Language Arts:

Goal 1-A: Recognition, recall, and summarization of material read.

Goal 1-D: Sensitivity to difficulties of the text, requirements of the task, abilities and motivation.

Goal 2-A: Meaning of spoken messages.

Goal 4-A: Clear and expressive speaking.

Goal 4-D: Use of appropriate language and nonverbal cues for the topic, audience, and setting.

Goal 6-D: English grammar.

TASK ANALYSIS

OCCUPATION Home Health Aide

DUTY AREA Providing Therapeutic Measures

TASK Apply heat lamp

PERFORMANCE STANDARD Heat lamp is directed to prescribed area. The time prescribed for the treatment is observed. The lamp is positioned approximately 18 inches from skin.

STEPS

1. Receive assignment.
2. Identify client.
3. Explain procedure to client.
4. Wash hands.
5. Assemble equipment.
6. Provide privacy.
7. Place client in position for procedure.
8. Expose only the part of the body to be treated.
9. Direct heat of the lamp to designated skin area.
10. Check the client's skin during treatment for reaction to heat.
11. Continue treatment as long as directed.
12. Store equipment.
13. Assist client to a safe, comfortable position.
14. Record and report treatment and results as required.

KNOWLEDGE

Read and interpret assignment sheet.
Read and interpret client care plan.
Use agency procedure for positively identifying client.
Wash hands aseptically.
Use communication skills to explain procedures to client and families.
Use aseptic technique.
Organize needed supplies.
Position client for treatment.
Watch for signs of client discomfort.
Use medical terminology to communicate with other health care workers.
Make bed, occupied or unoccupied.
Move and turn client who is in bed.
Cleanse and protect client's skin.
Chart treatments using agency recording system.
Observe results of treatment.
Explain the reaction of the skin to heat therapy.
Time treatment as prescribed.

ATTITUDES

Respect client's right to privacy.
Respect client's dignity.
Realize organization prevents loss of time and client discomfort and inconvenience.
Empathize with client's feelings about procedure.
Communicate willing and matter-of-fact attitude.
Respect the client's right to know about and participate in treatment.
Accept responsibility to assure that client does not suffer a burn from treatment.
In addition, refer to Employability Skills List.

SAFETY

Prevent the spread of infection to clients, staff, and families by using good handwashing and aseptic techniques.
Use principles of body mechanics to prevent injury to client and self.
Prevent accidents by providing adequate assistance to client as indicated by their condition.
Place call signal where client can easily reach it.
Discontinue treatment and report any complications.
Check on client often and regularly during treatment to prevent burns.
Use safety items as intended, i.e., shield over lamp bulb, three-pronged plug. NOTE: DO NOT BYPASS SAFETY PRECAUTIONS.

EQUIPMENT AND SUPPLIES

Heat lamp

SOURCE OF ANALYSIS

V-TECS Catalog, Nurse Aide/Orderly, Performance Objective 52.

ILLINOIS STATE GOALS FOR LEARNING

Physical Development and Health:
- Goal 1-G: Basic human anatomy and physiology as it relates to health and disease.
- Goal 2-R: Signs and symptoms indicating the need for professional medical attention.

Language Arts:
- Goal 1-A: Recognition, recall, and summarization of material read.
- Goal 1-D: Sensitivity to difficulties of the text, requirements of the task, abilities and motivation.
- Goal 2-A: Meaning of spoken messages.
- Goal 4-A: Clear and expressive speaking.
- Goal 4-D: Use of appropriate language and nonverbal cues for the topic, audience, and setting.
- Goal 6-D: English grammar.

ILLINOIS
STATE GOALS
FOR
LEARNING
(Cont.)

Mathematics:
Goal 3-B: Estimation of measurements.

TASK ANALYSIS

OCCUPATION Home Health Aide

DUTY AREA Providing Therapeutic Measures

TASK Apply warm compress

PERFORMANCE STANDARD Moist heat is applied to selected area for designated time. Resident's skin is monitored during treatment. Procedure is charted and reported as required.

STEPS

1. Receive assignment.
2. Identify client.
3. Explain procedure to client.
4. Wash hands.
5. Assemble equipment.
6. Place client in position for procedure.
7. Protect bed linen during treatment with plastic sheet or disposable pad.
8. Lubricate skin around area to be treated using petroleum jelly.
9. Check temperature of solution with solution thermometer. NOTE: Temperature should not exceed 115°-120°F (47°-49°C).
10. Dip compresses in solution, wring out, and apply to area to be treated.
11. Cover with plastic wrap or towel to maintain heat.
12. Continue treatment as long as directed.
13. Reheat compresses by dipping again.
14. Check area frequently for signs of redness.
15. Wash off petroleum jelly after completion of treatment.
16. Dry client.
17. Clean and replace equipment.
18. Assist client to a safe, comfortable position.
19. Record and report treatment and results as required.

KNOWLEDGE

Read and interpret assignment sheet.
Read and interpret client care plan.
Use facility procedure for positively identifying client.
Wash hands aseptically.
Use communication skills to explain procedures to client and families.
Use aseptic technique.
Organize needed supplies.
Position client for treatment.
Watch for signs of client discomfort.

KNOWLEDGE (Cont.)

Use medical terminology to communicate with other health care workers.
Make bed, occupied or unoccupied.
Move and turn client who is in hospital bed.
Use facility procedures for recording and reporting.
Time procedure.
Cleanse and protect client's skin.

ATTITUDES

Respect client's right to privacy.
Respect client's dignity.
Realize organization prevents loss of time and client discomfort and inconvenience.
Empathize with client's feelings about procedure.
Communicate willing and matter-of-fact attitude.
Respect the client's right to know about and participate in treatment.
In addition, refer to Employability Skills List.

SAFETY

Explain safe temperature of solution which is to be in contact with client's skin.
Prevent the spread of infection to clients, staff, and families by using good handwashing and aseptic techniques.
Use principles of body mechanics to prevent injury to client and self.
Determine temperature of solutions.
Prevent accidents by providing adequate assistance to client as indicated by their condition.
Put siderails or barrier up before leaving client unattended.
Place call signal where client can easily reach it.
Discontinue treatment and report any complications.

EQUIPMENT AND SUPPLIES

Basin
Compresses
Petroleum jelly
Protective plastic sheet or disposable pad
Plastic wrap
Towels
Solution

SOURCE OF ANALYSIS

V-TECS Catalog, Nurse Aide/Orderly, Performance Objective 95.

ILLINOIS STATE GOALS FOR LEARNING

Physical Development and Health:
- Goal 1-G: Basic human anatomy and physiology as it relates to health and disease.
- Goal 2-R: Signs and symptoms indicating the need for professional medical attention.

ILLINOIS STATE GOALS FOR LEARNING (Cont.)

Language Arts:

- Goal 1-A: Recognition, recall, and summarization of material read.
- Goal 1-D: Sensitivity to difficulties of the text, requirements of the task, abilities and motivation.
- Goal 2-A: Meaning of spoken messages.
- Goal 4-A: Clear and expressive speaking.
- Goal 4-D: Use of appropriate language and nonverbal cues for the topic, audience, and setting.
- Goal 6-D: English grammar.

TASK ANALYSIS

OCCUPATION Home Health Aide

DUTY AREA Providing Therapeutic Measures

TASK Apply aquamatic pad

PERFORMANCE STANDARD Aquamatic unit is filled 2/3 full with distilled water. Client is not wet, burned or in discomfort from heat application. Procedure is reported and recorded as required.

STEPS

1. Receive assignment.
2. Identify client.
3. Explain procedure to client.
4. Wash hands.
5. Assemble equipment.
6. Place client in position for procedure.
7. Provide privacy.
8. Fill aquamatic unit with distilled water until 2/3's full.
9. Remove air bubbles and secure top.

For moist application:

10. Place wet side of pad on area to receive treatment.

For dry application:

11. Place dry side of pad on area to receive treatment.
12. Instruct client to summon nurse if discomfort is experienced.
13. Place call signal within client's reach.
14. Return and check skin condition frequently.
15. Check water level and fill with distilled water, when needed.
16. Leave client in safe and comfortable position.
17. Clean area and return equipment to storage.
18. Record and report treatment as required.

KNOWLEDGE

Read and interpret assignment sheet.
Read and interpret client care plan.
Use facility procedure for positively identifying client.
Wash hands aseptically.
Use communication skills to explain procedures to client and family.
Use aseptic technique.
Organize needed supplies.
Position client for treatment.
Watch for signs of client discomfort.

KNOWLEDGE (Cont.)	Use medical terminology to communicate with other health care workers. Make bed, occupied or unoccupied. Move and turn client who is in bed. Cleanse and protect client's skin. Chart treatments using agency recording system. Observe results of treatment.
ATTITUDES	Respect client's right to privacy. Respect client's dignity. Realize organization prevents loss of time and client discomfort and inconvenience. Empathize with client's feelings about procedure. Communicate willing and matter-of-fact attitude. Respect the client's right to know about and participate in treatment. Treat expensive equipment with care and according to instructions. In addition, refer to Employability Skills List.
SAFETY	Explain safe temperature of items which are to be in contact with client's skin. Prevent the spread of infection to clients, staff and families by using good handwashing and aseptic techniques. Use principles of body mechanics to prevent injury to client and self. Prevent accidents by providing adequate assistance to client as indicated by their condition. Put siderails up before leaving client unattended. Place call signal where client can easily reach it. Discontinue treatment and report any complications.
EQUIPMENT AND SUPPLIES	Aquamatic pad and unit Distilled water
SOURCE OF ANALYSIS	V-TECS Catalog, Licensed Practical Nurse, Performance Objective 65.
ILLINOIS STATE GOALS FOR LEARNING	Physical Development and Health: Goal 1-G: Basic human anatomy and physiology as it relates to health and disease. Goal 2-R: Signs and symptoms indicating the need for professional medical attention.

ILLINOIS
STATE GOALS
FOR
LEARNING
(Cont.)

Language Arts:

Goal 1-A: Recognition, recall, and summarization of material read.

Goal 1-D: Sensitivity to difficulties of the text, requirements of the task, abilities and motivation.

Goal 2-A: Meaning of spoken messages.

Goal 4-A: Clear and expressive speaking.

Goal 4-D: Use of appropriate language and nonverbal cues for the topic, audience, and setting.

Goal 6-D: English grammar.

TASK ANALYSIS

OCCUPATION Home Health Aide

DUTY AREA Providing Therapeutic Measures

TASK Apply ice bag

PERFORMANCE STANDARD Ice bag is securely applied to selected area for designated time. Client's skin is monitored during treatment. Procedures are recorded and reported as required.

STEPS

1. Receive assignment.
2. Identify client.
3. Explain procedure to client.
4. Wash hands.
5. Organize needed supplies and equipment.
6. Position client in appropriate position depending upon where the ice bag is to be applied.
7. Fill ice bag 3/4 full.
8. Remove excess air.
9. Protect client and bed linen during treatment with plastic sheet or disposable pad.
10. Place a cover between the ice bag and the client.
11. Apply ice bag to area to receive treatment.
12. Check area frequently for blueness or paleness; for tingling and loss of sensation.
13. Continue treatment for the specified period of time.
14. Empty, clean and return equipment to storage.
15. Leave client in comfortable, safe position.
16. Report and record treatment and results.

KNOWLEDGE

Read and interpret assignment sheet.
Read and interpret client care plan.
Use facility procedure for positively identifying client.
Wash hands aseptically.
Use communication skills to explain procedures to client and family.
Use aseptic technique.
Organize needed supplies.
Position client for treatment.
Watch for signs of client discomfort.
Use medical terminology to communicate with other health care workers.
Make bed, occupied or unoccupied.
Move and turn client who is in bed.
Cleanse and protect client's skin.
Chart treatments using facility recording system.

KNOWLEDGE (Cont.)	Observe results of treatment. Explain the effects of cold on the skin and body. Time treatments as prescribed.
ATTITUDES	Respect client's right to privacy. Respect client's dignity. Realize organization prevents loss of time and client discomfort and inconvenience. Empathize with client's feelings about procedure. Communicate willing and matter-of-fact attitude. In addition, refer to Employability Skills List.
SAFETY	Prevent the spread of infection to client, staff and families by using good handwashing and aseptic techniques. Use principles of body mechanics to prevent injury to client and self. Prevent accidents by providing adequate assistance to client as indicated by their condition. Put siderails up before leaving client unattended. Place call signal where client can easily reach it. Discontinue treatment and report any complications.
EQUIPMENT AND SUPPLIES	Ice bag Protective cover Ice Plastic sheet or disposable pad
SOURCE OF ANALYSIS	V-TECS Catalog, Nurse Aide/Orderly, Performance Objective 57.
ILLINOIS STATE GOALS FOR LEARNING	Physical Development and Health: Goal 1-G: Basic human anatomy and physiology as it relates to health and disease. Goal 2-R: Signs and symptoms indicating the need for professional medical attention. Language Arts: Goal 1-A: Recognition, recall, and summarization of material read. Goal 1-D: Sensitivity to difficulties of the text, requirements of the task, abilities and motivation. Goal 2-A: Meaning of spoken messages. Goal 4-A: Clear and expressive speaking. Goal 4-D: Use of appropriate language and nonverbal cues for the topic, audience, and setting. Goal 6-D: English grammar.

TASK ANALYSIS

OCCUPATION Home Health Aide

DUTY AREA Providing Therapeutic Measures

TASK Administer tepid bath

PERFORMANCE STANDARD Client's temperature is taken before and after bath. Bath water is 86°F and treatment lasts 15 minutes. Procedure is reported and recorded as required.

STEPS

1. Receive assignment.
2. Verify client's identity.
3. Explain procedure to client.
4. Wash hands.
5. Assemble equipment and supplies.
6. Take client's temperature.
7. Assist client to tub.
8. Draw water.
   NOTE: Temperature of water should be 86°F (30°C).
9. Provide privacy.
10. Eliminate drafts.
11. Assist client in undressing.
12. Assist client into tub.
13. Sit with client during 15 minute treatment if necessary.
14. Assist client to dry.
15. Assist client in dressing.
16. Assist client back to bed or to chair.
17. Take client's temperature.
18. Leave client in safe, comfortable position.
19. Wash hands.
20. Report and record treatment as required.

KNOWLEDGE

Read and interpret assignment sheet.
Read and interpret client care plan.
Use agency procedure for positively identifying client.
Wash hands aseptically.
Use communication skills to explain procedures to client and families.
Use aseptic technique.
Organize needed supplies.
Position client for treatment.
Watch for signs of client discomfort.
Use medical terminology to communicate with other health care workers.
Make bed, occupied or unoccupied.

KNOWLEDGE (Cont.)

Transport client using wheelchair.
Take client's temperature.
Determine the temperature of water using thermometer.
Cleanse and protect client's skin.
Use agency system in reporting and recording treatments.
Observe results of treatment.

ATTITUDES

Respect client's right to privacy.
Respect client's dignity.
Realize organization prevents loss of time and client discomfort and inconvenience.
Empathize with client's feelings about procedure.
Communicate willing and matter-of-fact attitude.
Respect the client's right to know about and participate in treatment.
In addition, refer to Employability Skills List.

SAFETY

Explain safe temperature of solution which is to be in contact with client's skin.
Prevent the spread of infection to client, staff and families by using good handwashing and aseptic techniques.
Use principles of body mechanics to prevent injury to client and self.
Use thermometer to determine temperature of solutions.
Prevent accidents by providing adequate assistance to client as indicated by their condition.
Put siderails up before leaving client unattended.
Place call signal where client can easily reach it.
Discontinue treatment and report any complications.

EQUIPMENT AND SUPPLIES

Bath thermometer
Thermometer
Towels
Bathtub

SOURCE OF ANALYSIS

V-TECS Catalog, Licensed Practical Nurse, Performance Objective 63.

ILLINOIS STATE GOALS FOR LEARNING

Mathematics:
  Goal 3-A: Measurement in various contexts using appropriate units.
  Goal 7-D: Ability to determine whether an estimate is a better alternative than an exact value.

ILLINOIS STATE GOALS FOR LEARNING (Cont.)

Physical Development and Health:

- Goal 1-G: Basic human anatomy and physiology as it relates to health and disease.
- Goal 2-R: Signs and symptoms indicating the need for professional medical attention.
- Goal 2-T: Causes and methods of preventing common communicable and noncommunicable diseases, including dental disease.

Language Arts:

- Goal 1-A: Recognition, recall, and summarization of material read.
- Goal 2-A: Meaning of spoken messages.
- Goal 2-C: Inferences from spoken messages and nonverbal cues.
- Goal 2-F: Effective and appropriate responses.
- Goal 3-A: Use of appropriate language and style in writing for a variety of purposes and audiences.
- Goal 4-A: Clear and expressive speaking.
- Goal 4-D: Use of appropriate language and nonverbal cues for the topic, audience, and setting.
- Goal 6-D: English grammar.

Social Sciences:

- Goal 3-F: Development of oral and written communication.

TASK ANALYSIS

OCCUPATION	Home Health Aide
DUTY AREA	Providing Therapeutic Measures
TASK	Apply electric hypothermal blanket
PERFORMANCE STANDARD	Hypothermal blanket is free of defects and kinks in tubing. Machine is placed in cool, unobstructed area. Client's temperature and skin color are monitored for changes. Blanket is applied next to client's skin, one pad under the client and one pad over the client. Machine is operated according to agency procedure. Procedure is reported and recorded as required.
STEPS	1. Receive assignment. 2. Verify client's identity. 3. Explain procedure to client. 4. Wash hands. 5. Assemble equipment. 6. Check equipment for defects. 7. Remove kinks in tubing. 8. Place machine in cool, unobstructed area. 9. Connect K-pad to machine. 10. Connect probe to machine. 11. Plug in machine. 12. Fill reservoir with prescribed solution. 13. Set dial to prescribed temperature. 14. Recheck fluid level after 2-3 minutes. 15. Position client with the help of another staff member in order to apply K-pad to bedding. 16. Position one body-size pad under client so pad comes in contact with client's skin. 17. Remove client's gown. 18. Place second body-size pad on top of client. 19. Insert probe into client's rectum. 20. Tape probe in place. 21. Set automatic cool-heat button on machine. 22. Take client's temperature. 23. Retake client's temperature frequently. 24. Check client's skin color. 25. Report and record abnormal temperature and skin color changes. 26. Provide for client's comfort during treatment. 27. Wash hands. 28. Record and report information as required.

KNOWLEDGE

Read and interpret assignment sheet.
Read and interpret client care plan.
Use agency procedure for positively identifying client.
Wash hands aseptically.
Use communication skills to explain procedures to client and families.
Use aseptic technique.
Organize needed supplies.
Position client for treatment.
Watch for signs of client discomfort.
Use medical terminology to communicate with other health care workers.
Make bed, occupied or unoccupied.
Move and turn client who is in bed.
Cleanse and protect client's skin.
Take client's temperature.
Insert rectal probe.
Explain normal body temperature ranges.
Explain normal appearance of skin.
Explain appearance of skin as affected by abnormal body temperature.
Chart treatments using agency recording system.
Observe results of treatment.
Use hypothermal blanket and machine.
Use agency system to record and report treatments.

ATTITUDES

Respect client's right to privacy.
Respect client's dignity.
Realize organization prevents loss of time and client discomfort and inconvenience.
Empathize with client's feelings about procedure.
Communicate willing and matter-of-fact attitude.
Respect the client's right to know about and participate in treatment.
Accept the fact that a client who is seemingly unconscious may be able to hear conversation going on around them.
Treat expensive equipment with care.
In addition, refer to Employability Skills List.

SAFETY

Explain safe temperature of item which is to be in contact with client's skin.
Prevent the spread of infection to client, staff, and families by using good handwashing and aseptic techniques.
Use principles of body mechanics to prevent injury to client and self.
Prevent accidents by providing adequate assistance to client as indicated by their condition.
Put siderails or barrier up before leaving client unattended.
Place call signal where client can easily reach it even though the client is seemingly unconscious.
Discontinue treatment and report any complications.

SAFETY (Cont.)	Use caution in handling K-pads as the tubing can be punctured with sharp items, such as safety pins. Use caution when inserting probe into client's rectum as mucous membranes are easily injured.
EQUIPMENT AND SUPPLIES	Tape Hypothermal K-pads Hypothermal machine Reservoir solution Thermometer Additional person
SOURCE OF ANALYSIS	V-TECS Catalog, Nurse Aide/Orderly, Performance Objective 125.
ILLINOIS STATE GOALS FOR LEARNING	Physical Development and Health: Goal 1-G: Basic human anatomy and physiology as it relates to health and disease. Goal 2-R: Signs and symptoms indicating the need for professional medical attention. Goal 2-T: Causes and methods of preventing common communicable and noncommunicable diseases, including dental disease. Mathematics: Goal 3-A: Measurement in various contexts using appropriate units. Language Arts: Goal 1-A: Recognition, recall, and summarization of material read. Goal 2-A: Meaning of spoken messages. Goal 2-C: Inferences from spoken messages and nonverbal cues. Goal 2-F: Effective and appropriate responses. Goal 3-A: Use of appropriate language and style in writing for a variety of purposes and audiences. Goal 4-A: Clear and expressive speaking. Goal 4-D: Use of appropriate language and nonverbal cues for the topic, audience, and setting. Goal 6-D: English grammar.

TASK ANALYSIS

OCCUPATION Home Health Aide

DUTY AREA Providing Therapeutic Measures

TASK Assist with dressing change

PERFORMANCE STANDARD Equipment and supplies for dressing change are placed where they are convenient for use. Supplies and equipment are safe for use. Nurse or physician are assisted as needed. Waste is disposed of according to agency procedures. Procedure is recorded and reported as required.

STEPS

1. Receive assignment.
2. Identify client.
3. Explain procedure to client.
4. Wash hands.
5. Assemble equipment including dressing tray, sterile gloves, adhesive or nonallergic tape, plastic bag, basin or waste can.
6. Check autoclave indicator and date on all equipment and supplies.
7. Place equipment and supplies where they will be convenient for use.
8. Provide privacy for client.
9. Tear off tape that will be needed for dressing change and place it where it will be available for use.

When nurse or physician is ready:

10. Assist as needed.

When dressing change is completed:

11. Leave client in safe, comfortable position.
12. Clean and replace all equipment used.
13. Dispose of all waste according to agency procedure.
14. Wash hands.
15. Report and record procedure as required.

KNOWLEDGE

Read and interpret assignment sheet.
Read and interpret client care plan.
Use agency procedure for positively identifying client.
Wash hands aseptically.
Use communication skills to explain procedures to client and families.
Explain transmission of microorganisms.
Recognize sterile surfaces and contaminated surfaces.
Maintain a sterile field.

KNOWLEDGE (Cont.)

Use "drop" or "mitten" techniques to transfer items into sterile field.
Use pick-up forceps.
Use sterile gloves.
Use aseptic technique.
Organize needed supplies.
Position client for treatment.
Watch for signs of client discomfort.
Use medical terminology to communicate with other health care workers.
Describe the changing of a dressing.
Use agency system in reporting and recording treatments.
Observe results of treatment.
Interpret autoclave indicators.
Use infection control procedures to dispose of waste.

ATTITUDES

Recognize the danger to client, staff, and families if careless regarding contamination of sterile field or disposal of contaminated dressings.
Anticipate what the person being assisted will need during the procedure.
Respect client's right to privacy.
Respect client's dignity.
Realize organization prevents loss of time and client discomfort and inconvenience.
Empathize with client's feelings about procedure.
Communicate willing and matter-of-fact attitude.
Respect the client's right to know about and participate in treatment.
Accept responsibility to do even distasteful nursing tasks thoroughly.
In addition, refer to Employability Skills List.

SAFETY

Prevent the spread of infection to client, staff, and families by using good handwashing and aseptic techniques.
Use principles of body mechanics to prevent injury to client and self.
Prevent accidents by providing adequate assistance to client as indicated by their condition.
Place call signal where client can easily reach it.
Discontinue treatment and report any complications.
Use agency infection control procedures to dispose of waste.

EQUIPMENT AND SUPPLIES

Pick-up forceps
Sterile dressing tray
Sterile gloves
Adhesive or nonallergic tape
Plastic bag, basin or waste can

SOURCE OF ANALYSIS

Diversified Health Occupations, Louise Simmers, 1983, pp. 75-85.

ILLINOIS STATE GOALS FOR LEARNING

Physical Development and Health:
- Goal 1-G: Basic human anatomy and physiology as it relates to health and disease.
- Goal 2-R: Signs and symptoms indicating the need for professional medical attention.
- Goal 2-T: Causes and methods of preventing common communicable and noncommunicable diseases, including dental disease.

Language Arts:
- Goal 1-A: Recognition, recall, and summarization of material read.
- Goal 2-A: Meaning of spoken messages.
- Goal 2-C: Inferences from spoken messages and nonverbal cues.
- Goal 2-F: Effective and appropriate responses.
- Goal 3-A: Use of appropriate language and style in writing for a variety of purposes and audiences.
- Goal 4-A: Clear and expressive speaking.
- Goal 4-D: Use of appropriate language and nonverbal cues for the topic, audience, and setting.
- Goal 6-D: English grammar.

Social Sciences:
- Goal 3-F: Development of oral and written communication.

TASK ANALYSIS

OCCUPATION Home Health Aide

DUTY AREA Providing Therapeutic Measures

TASK Apply clean dressing

PERFORMANCE STANDARD Dressing is applied as ordered. Observations and treatment are reported and recorded as required. Old dressings are disposed of according to agency procedures.

STEPS

1. Receive assignment.
2. Identify client.
3. Explain procedure to client.
4. Wash hands.
5. Assemble equipment and supplies.
6. Place equipment and supplies where they will be convenient.
7. Provide privacy for client.
8. Position client for treatment.
9. Remove soiled dressing.
10. Note characteristics of area being dressed and drainage on old dressing.
11. Wash and dry wound to be dressed.
12. Apply dressing as ordered.
13. Secure dressing using tape, metal clips, or safety pins, as ordered.
14. Leave client in safe, comfortable position.
15. Clean area disposing of all waste according to agency procedure.
16. Put equipment and supplies away.
17. Wash hands.
18. Report and record procedure as required.

KNOWLEDGE

Read and interpret assignment sheet.
Read and interpret client care plan.
Use agency procedure for positively identifying client.
Wash hands aseptically.
Use communication skills to explain procedures to client and families.
Use aseptic technique.
Explain transmission of microorganisms.
Apply bandages.
Organize needed supplies.
Operate hospital bed.
Position client for treatment.
Watch for signs of client discomfort.

KNOWLEDGE (Cont.)	Use medical terminology to communicate with other health care workers. Make hospital bed, occupied or unoccupied. Cleanse and protect client's skin. Use agency system in reporting and recording treatments. Observe results of treatment. Use infection control procedures to dispose of waste.
ATTITUDES	Respect client's right to privacy. Respect client's dignity. Realize organization prevents loss of time and client discomfort and inconvenience. Empathize with client's feelings about procedure. Communicate willing and matter-of-fact attitude. Respect the client's right to know about and participate in treatment. Accept responsibility to do even distasteful nursing tasks thoroughly. In addition, refer to Employability Skills List.
SAFETY	Prevent the spread of infection to client, staff, and families by using good handwashing and aseptic techniques. Use principles of body mechanics to prevent injury to client and self. Prevent accidents by providing adequate assistance to client as indicated by their condition. Put siderails up before leaving client unattended. Place call light where client can easily reach it. Discontinue treatment and report any complications.
EQUIPMENT AND SUPPLIES	Nonsterile dressing Soap or other cleansing agent, as ordered Tape, metal clips or safety pins
SOURCE OF ANALYSIS	V-TECS Catalog, Nurse Aide/Orderly, Performance Objective 97.
ILLINOIS STATE GOALS FOR LEARNING	Physical Development and Health: Goal 1-G: Basic human anatomy and physiology as it relates to health and disease. Goal 2-R: Signs and symptoms indicating the need for professional medical attention. Goal 2-T: Causes and methods of preventing common communicable and noncommunicable diseases, including dental disease.

ILLINOIS
STATE GOALS
FOR
LEARNING
(Cont.)

Language Arts:

- Goal 1-A: Recognition, recall, and summarization of material read.
- Goal 2-A: Meaning of spoken messages.
- Goal 2-C: Inferences from spoken messages and nonverbal cues.
- Goal 2-F: Effective and appropriate responses.
- Goal 3-A: Use of appropriate language and style in writing for a variety of purposes and audiences.
- Goal 4-A: Clear and expressive speaking.
- Goal 4-D: Use of appropriate language and nonverbal cues for the topic, audience, and setting.
- Goal 6-D: English grammar.

Social Sciences:

- Goal 3-F: Development of oral and written communication.

TASK ANALYSIS

OCCUPATION Home Health Aide

DUTY AREA Providing Therapeutic Measures

TASK Apply elastic bandage

PERFORMANCE STANDARD Elastic bandages are applied as ordered. Bandages completely cover intended area and fit snugly and smoothly but do not impede circulation. Procedure is reported and recorded as required.

STEPS

1. Receive assignment.
2. Identify client.
3. Explain procedure to client.
4. Wash hands.
5. Assemble equipment and supplies.
6. Expose client's feet and legs.
7. Position extremity to be wrapped at same level as heart.
8. Wrap bandage from distal to proximal part of extremity.
9. Anchor bandage at beginning.
10. Apply bandage with firm, even pressure avoiding wrinkles.
11. Wrap bandage so that area is completely covered.
12. Anchor end of bandage.
13. Check pulse or observe skin color to determine that circulation is adequate.
14. Leave client in safe, comfortable position.
15. Report and record treatment as required.

KNOWLEDGE

Read and interpret assignment sheet.
Read and interpret client care plan.
Use facility procedure for positively identifying client.
Wash hands aseptically.
Use communication skills to explain procedures to client and families.
Use aseptic technique.
Organize needed supplies.
Recognize signs and symptoms of impeded circulation.
Position client for treatment.
Watch for signs of client discomfort.
Use medical terminology to communicate with other health care workers.

KNOWLEDGE (Cont.)	Use facility system in reporting and recording treatments. Observe results of treatment.
ATTITUDES	Respect client's right to privacy. Respect client's dignity. Realize organization prevents loss of time and client discomfort and inconvenience. Empathize with client's feelings about procedure. Communicate willing and matter-of-fact attitude. Respect the client's right to know about and participate in treatment. In addition, refer to Employability Skills List.
SAFETY	Prevent the spread of infection to client, staff, and families by using good handwashing and aseptic techniques. Use principles of body mechanics to prevent injury to client and self. Prevent accidents by providing adequate assistance to client as indicated by their condition. Place call signal where client can easily reach it. Discontinue treatment and report any complications.
EQUIPMENT AND SUPPLIES	Elastic bandages
SOURCE OF ANALYSIS	V-TECS Catalog, Nurse Aide/Orderly, Performance Objective 93.
ILLINOIS STATE GOALS FOR LEARNING	Physical Development and Health: Goal 1-G: Basic human anatomy and physiology as it relates to health and disease. Goal 2-R: Signs and symptoms indicating the need for professional medical attention.

ILLINOIS
STATE GOALS
FOR
LEARNING
(Cont.)

Language Arts:
- Goal 1-A: Recognition, recall, and summarization of material read.
- Goal 2-A: Meaning of spoken messages.
- Goal 2-C: Inferences from spoken messages and nonverbal cues.
- Goal 2-F: Effective and appropriate responses.
- Goal 3-A: Use of appropriate language and style in writing for a variety of purposes and audiences.
- Goal 4-A: Clear and expressive speaking.
- Goal 4-D: Use of appropriate language and nonverbal cues for the topic, audience, and setting.
- Goal 6-D: English grammar.

Social Sciences:
- Goal 3-F: Development of oral and written communication.

TASK ANALYSIS

OCCUPATION Home Health Aide

DUTY AREA Providing Therapeutic Measures

TASK Apply binder

PERFORMANCE STANDARD Area to which binder is applied is clean and dry. Binder is wrapped tightly but does not cut off circulation. Procedure is reported and recorded as required.

STEPS

1. Receive assignment.
2. Identify client.
3. Explain procedure to client.
4. Wash hands.
5. Assemble supplies.
6. Provide privacy.
7. Position client for treatment.
8. Wash and dry area to be wrapped.
9. Apply binder, pulling very tightly.
10. Fasten lower edge to Velcro.
11. Continue fastening up the Velcro strip.
12. Leave client in safe, comfortable position.
13. Wash hands.
14. Report and record procedure.

KNOWLEDGE

Read and interpret assignment sheet.
Read and interpret client care plan.
Use agency procedure for positively identifying client.
Wash hands aseptically.
Use communication skills to explain procedures to client and families.
Use aseptic technique.
Organize needed supplies.
Position client for treatment.
Watch for signs of client discomfort.
Use medical terminology to communicate with other health care workers.
Cleanse and protect client's skin.
Use agency system in reporting and recording treatments.
Observe results of treatment.

ATTITUDES

Respect client's right to privacy.
Respect client's dignity.
Realize organization prevents loss of time and client discomfort and inconvenience.
Empathize with client's feelings about procedure.
Communicate willing and matter-of-fact attitude.
Respect the client's right to know about and participate in treatment.
In addition, refer to Employability Skills List.

SAFETY

Prevent the spread of infection to client, staff, and families by using good handwashing and aseptic techniques.
Use principles of body mechanics to prevent injury to client and self.
Prevent accidents by providing adequate assistance to client as indicated by their condition.
Put siderails or barrier up before leaving client unattended.
Place call signal where client can easily reach it.
Discontinue treatment and report any complications.
Check client at intervals to see that circulation isn't impeded.

EQUIPMENT AND SUPPLIES

Velcro binder
Tape measure
Soap and water
Washcloth
Towel

SOURCE OF ANALYSIS

V-TECS Catalog, *Nurse Aide/Orderly*, Performance Objective 106.

ILLINOIS STATE GOALS FOR LEARNING

Language Arts:
- Goal 1-A: Recognition, recall, and summarization of material read.
- Goal 2-A: Meaning of spoken messages.
- Goal 2-C: Inferences from spoken messages and nonverbal cues.
- Goal 2-F: Effective and appropriate responses.
- Goal 3-A: Use of appropriate language and style in writing for a variety of purposes and audiences.
- Goal 4-A: Clear and expressive speaking.
- Goal 4-D: Use of appropriate language and nonverbal cues for the topic, audience, and setting.
- Goal 6-D: English grammar.

ILLINOIS
STATE GOALS
FOR
LEARNING
(Cont.)

Physical Development and Health:
- Goal 1-G: Basic human anatomy and physiology as it relates to health and disease.
- Goal 2-R: Signs and symptoms indicating the need for professional medical attention.

Mathematics:
- Goal 3-A: Measurement in various contexts using appropriate units.

TASK ANALYSIS

OCCUPATION	Home Health Aide
DUTY AREA	Providing Therapeutic Measures
TASK	Connect nasogastric tube to suction machine
PERFORMANCE STANDARD	NOTE: This procedure is not performed by Home Health Aide. The Home Health Aide performs the task "Measure and record contents of gastric and intestinal drainage bottles."

TASK ANALYSIS

OCCUPATION Home Health Aide

DUTY AREA Providing Therapeutic Measures

TASK Assist physician in performing therapeutic procedure

PERFORMANCE STANDARD Client is prepared for procedure. Physician is provided with required assistance, equipment and supplies. Procedure is reported and recorded as required.

STEPS

1. Receive assignment.
2. Identify client.
3. Explain procedure to client.
4. Wash hands.
5. Assemble equipment and supplies.
6. Provide privacy.
7. Position client for procedure.
8. Open equipment and supplies as needed.
9. Hand equipment and/or supplies to physician as needed.
10. Hold client, if needed, during procedure.
11. Provide support and reassurance to client during procedure.
12. Leave client in a safe, comfortable position.
13. Clean or dispose of equipment and supplies after procedure.
14. Wash hands.
15. Report and record procedure.

KNOWLEDGE

Read and interpret assignment sheet.
Read and interpret client care plan.
Use agency procedure for positively identifying client.
Wash hands aseptically.
Use communication skills to explain procedures to client and families.
Use aseptic technique.
Organize needed supplies.
Position client for treatment.
Watch for signs of client discomfort.
Use medical terminology to communicate with other health care workers.
Use agency system in reporting and recording treatments.
Determine equipment and supplies needed for treatment.
Observe results of treatment.

ATTITUDES

Respect client's right to privacy.
Respect client's dignity.
Realize organization prevents loss of time and client discomfort and inconvenience.
Empathize with client's feelings about procedure.
Communicate willing and matter-of-fact attitude.
Respect the client's right to know about and participate in treatment.
Accept responsibility to do even distasteful nursing tasks thoroughly.
In addition, refer to Employability Skills List.

SAFETY

Prevent the spread of infection to client, staff, and families by using good handwashing and aseptic techniques.
Use principles of body mechanics to prevent injury to client and self.
Prevent accidents by providing adequate assistance to client as indicated by their condition.
Put siderails or barrier up before leaving client unattended.
Place call signal where client can easily reach it.

EQUIPMENT AND SUPPLIES

Equipment and supplies for procedure

SOURCE OF ANALYSIS

Curriculum Models and Competencies, Associate Degree Nursing, North Carolina Department of Community Colleges, 1983.

ILLINOIS STATE GOALS FOR LEARNING

Language Arts:
- Goal 1-A: Recognition, recall, and summarization of material read.
- Goal 1-C: Reading for various purposes and identification of text to accomplish each purpose.
- Goal 2-A: Meaning of spoken messages.
- Goal 2-C: Inferences from spoken messages and nonverbal cues.
- Goal 2-F: Effective and appropriate responses.
- Goal 3-A: Use of appropriate language and style in writing for a variety of purposes and audiences.
- Goal 4-A: Clear and expressive speaking.
- Goal 4-D: Use of appropriate language and nonverbal cues for the topic, audience, and setting.
- Goal 6-D: English grammar.

Physical Development and Health:
- Goal 1-G: Basic human anatomy and physiology as it relates to health and disease.

Social Sciences:
- Goal 3-F: Development of oral and written communication.

TASK ANALYSIS

OCCUPATION Home Health Aide

DUTY AREA Providing Therapeutic Measures

TASK Set up croup tent

PERFORMANCE STANDARD Croup tent covers client from head to waist; mist flows at prescribed rate. NO SMOKING signs are posted on door and above client's bed. Procedure is reported and recorded as required.

STEPS

1. Receive assignment.
2. Identify client.
3. Explain procedure to client.
4. Wash hands.
5. Assemble equipment.
6. Check equipment for defective parts and replace if necessary.
7. Plug compressor compartment into grounded outlet.
8. Turn switch to cool.
9. Raise canopy support rod to horizontal position.
10. Raise canopy over rod.
11. Stretch opening in canopy around evaporation shroud to tent.
12. Place canopy sides under mattress.
13. Turn on oxygen source to prescribed flow.
14. Post NO SMOKING signs over bed and on door.
15. Observe client for change in consciousness level, abnormal color, perspiration, change in blood pressure, and increasing heart rate and temperature.
    NOTE: Report changes to nurse in charge.
16. Leave client in safe, comfortable position.
17. Wash hands.
18. Report and record procedure.

KNOWLEDGE

Read and interpret assignment sheet.
Read and interpret client care plan.
Use facility procedure for positively identifying client.
Wash hands aseptically.
Use communication skills to explain procedures to client and families.
Use aseptic technique.
Organize needed supplies.
Explain the mechanism of the croup tent.
Position client for treatment.

KNOWLEDGE (Cont.)	Watch for signs of client discomfort.
	Use medical terminology to communicate with other health care workers.
	Make bed, occupied or unoccupied.
	Move and turn client who is in bed.
	Take client's temperature.
	Explain normal body temperature ranges.
	Explain normal appearance of skin, including color and perspiration rate.
	Explain appearance of skin as affected by abnormal body temperature.
	Take blood pressure.
	Take pulse.
	Observe level of consciousness.
	Observe results of treatment.
	Use facility system to record and report treatments.
ATTITUDES	Respect client's right to privacy.
	Respect client's dignity.
	Realize organization prevents loss of time and client discomfort and inconvenience.
	Empathize with client's feelings about procedure.
	Communicate willing and matter-of-fact attitude.
	Respect the client's right to know about and participate in treatment.
	Accept client's feelings of fear of being "closed in" which may be heightened by an inability to breathe normally.
	In addition, refer to Employability Skills List.
SAFETY	Prevent the spread of infection to client, staff, and families by using good handwashing and aseptic techniques.
	Use principles of body mechanics to prevent injury to client and self.
	Prevent accidents by providing adequate assistance to client as indicated by their condition.
	Put siderails or barrier up before leaving client unattended.
	Place call signal where client can easily reach it even though the client is seemingly unconscious.
	Use no electrical equipment inside tent because of the combustibility of oxygen.
EQUIPMENT AND SUPPLIES	Compressor compartment
	NO SMOKING signs
	Oxygen tent
	Oxygen cylinder
SOURCE OF ANALYSIS	V-TECS Catalog, Licensed Practical Nurse, Performance Objective 116.

ILLINOIS STATE GOALS FOR LEARNING

Physical Development and Health:

- Goal 1-G: Basic human anatomy and physiology as it relates to health and disease.
- Goal 2-J: Healthy and unhealthy responses to stress and their relationship to physical and mental illness.
- Goal 2-R: Signs and symptoms indicating the need for professional medical attention.
- Goal 2-T: Causes and methods of preventing common communicable and noncommunicable diseases, including dental disease.

Language Arts:

- Goal 1-A: Recognition, recall, and summarization of material read.
- Goal 1-C: Reading for various purposes and identification of text to accomplish each purpose.
- Goal 2-A: Meaning of spoken messages.
- Goal 2-C: Inferences from spoken messages and nonverbal cues.
- Goal 2-F: Effective and appropriate responses.
- Goal 3-A: Use of appropriate language and style in writing for a variety of purposes and audiences.
- Goal 4-A: Clear and expressive speaking.
- Goal 4-D: Use of appropriate language and nonverbal cues for the topic, audience, and setting.
- Goal 6-D: English grammar.

Social Sciences:

- Goal 3-F: Development of oral and written communication.

TASK ANALYSIS

OCCUPATION Home Health Aide

DUTY AREA Providing Therapeutic Measures

TASK Set up vaporizer

PERFORMANCE STANDARD Vaporizer contains water and is operating with mist directed toward client. Procedure is reported and recorded as required.

STEPS

1. Receive assignment.
2. Verify client's identity.
3. Explain procedure to client.
4. Wash hands.
5. Assemble equipment and supplies.
6. Check vaporizer for defective parts and replace, if necessary.
7. Pour water into vaporizer to "fill" line.
8. Place vaporizer on bedside table.
9. Plug vaporizer into grounded outlet.
10. Turn vaporizer on.
11. Turn mist outlet toward client.
12. Instruct family to check water level at regular intervals.
13. Clean and put away equipment and supplies not in use.
14. Leave client in a safe and comfortable position.
15. Wash hands.
16. Record and report treatment and results.

KNOWLEDGE

Read and interpret assignment sheet.
Read and interpret client care plan.
Use facility procedure for positively identifying client.
Wash hands aseptically.
Use communication skills to explain procedures to client and families.
Use aseptic technique.
Organize needed supplies.
Position client for treatment.
Watch for signs of client discomfort.
Use medical terminology to communicate with other health care workers.
Observe results of treatment.
Use facility system to record and report treatments.

ATTITUDES

Respect client's right to privacy.
Respect client's dignity.
Realize organization prevents loss of time and client discomfort and inconvenience.
Empathize with client's feelings about procedure.
Communicate willing and matter-of-fact attitude.
Respect the client's right to know about and participate in treatment.
In addition, refer to Employability Skills List.

SAFETY

Prevent the spread of infection to client, staff, and families by using good handwashing and aseptic techniques.
Use principles of body mechanics to prevent injury to client and self.
Prevent accidents by providing adequate assistance to client as indicated by their condition.
Place call signal where client can easily reach it even though the client is seemingly unconscious.

EQUIPMENT AND SUPPLIES

Water
Vaporizer

SOURCE OF ANALYSIS

V-TECS Catalog, Licensed Practical Nurse, Performance Objective 117.

ILLINOIS STATE GOALS FOR LEARNING

Physical Development and Health:
- Goal 1-G: Basic human anatomy and physiology as it relates to health and disease.
- Goal 2-R: Signs and symptoms indicating the need for professional medical attention.

Social Sciences:
- Goal 3-F: Development of oral and written communication.

Language Arts:
- Goal 1-A: Recognition, recall, and summarization of material read.
- Goal 1-C: Reading for various purposes and identification of text to accomplish each purpose.
- Goal 2-A: Meaning of spoken messages.
- Goal 2-C: Inferences from spoken messages and nonverbal cues.
- Goal 2-F: Effective and appropriate responses.
- Goal 3-A: Use of appropriate language and style in writing for a variety of purposes and audiences.
- Goal 4-A: Clear and expressive speaking.
- Goal 4-D: Use of appropriate language and nonverbal cues for the topic, audience, and setting.
- Goal 6-D: English grammar.

TASK ANALYSIS

OCCUPATION Home Health Aide

DUTY AREA Providing Therapeutic Measures

TASK Assist patient with postural drainage

PERFORMANCE STANDARD Postural drainage initiates coughing and results in expectoration of sputum. Client is assisted into postural drainage positions as ordered and for length of time ordered. Procedure is reported and recorded as required.

STEPS

1. Receive assignment.
2. Verify client's identity.
3. Explain procedure to client.
4. Wash hands.
5. Assemble equipment and supplies.
6. Provide privacy for client.
7. Watch for client distress throughout procedure.
8. Provide client with emesis basin and tissues.
9. Determine length of time client is to remain in each drainage position.

For adult client:

10. Seat client in chair with head bent forward.

For child:

11. Seat client in lap and lean client's trunk backward at 30° angle.

For both adult and child:

12. Place towel to catch drainage or secretions.
13. Percuss over area between clavicle and scapulae using three index fingers flexed and held together.

For adult client:

14. Assist client to lie partly on left side and partly on abdomen on flat bed.

For small child:

15. Lean child forward on lap at 20° angle over pillow.

For both adult and child:

16. Percuss upper back on both sides between scapulae.
17. Assist client to supine position.
18. Percuss upper chest below clavicle down to nipple line. NOTE: Do not percuss breasts of women.
19. Elevate foot of bed 15 inches.
20. Instruct client to lie on right side.
21. Place pillows against client's back and instruct client to lean against pillows.

STEPS
(Cont.)

22. Percuss left side of chest between fourth and sixth rib.
    NOTE: For females, percuss beneath breast with heel of hand toward armpit.
23. Instruct client to lie on left side.
24. Place pillows against client's back and instruct client to lean against pillows.
25. Percuss right side of chest between fourth and sixth rib.
    NOTE: For females, percuss beneath breast with heel of hand toward armpit.
26. Position bed flat.
27. Assist client to lie on abdomen.
28. Percuss middle area of back on both sides of spine.
    For adult client:
29. Elevate foot of bed 18 inches.
30. Elevate client's hips on pillows so that hips are higher than shoulders.
    For small child:
31. Lie child on left or right side with head lowered 30°.
    For both adult and child:
32. Reverse side-lie to percuss other side.
33. Percuss both sides over lower ribs but above stomach.
    For adult client:
34. Position bed flat.
35. Assist client to side-lying position with hips elevated on pillows.
    For small child:
36. Lie child on back with head elevated 30°.
37. Place pillows under affected side.
    For both adult and child:
38. Percuss lower ribs.
39. Assist client into prone position by elevating hips into jackknife position from knees to shoulders.
40. Percuss over lower ribs on both sides, close to spine.
    CAUTION: DO NOT PERCUSS OVER SPINE OR WHERE KIDNEYS LIE.
41. Leave client in a safe and comfortable position.
42. Clean and put away equipment and supplies not in use.
43. Wash hands.
44. Record and report client's tolerance of procedure and sputum production.

KNOWLEDGE

Read and interpret assignment sheet.
Read and interpret client care plan.
Use agency procedure for positively identifying client.
Wash hands aseptically.
Use communication skills to explain procedures to client and families.
Use aseptic technique.
Organize needed supplies.
Position client for treatment, including prone, supine, side-lying and jackknife positions.

KNOWLEDGE (Cont.)	Explain the anatomy and physiology of the respiratory system. Watch for signs of client discomfort. Use medical terminology to communicate with other health care workers. Make bed, occupied or unoccupied. Move and turn client who is in bed. Observe results of treatment. Use agency system to record and report treatments.
ATTITUDES	Respect client's right to privacy. Respect client's dignity. Realize organization prevents loss of time and client discomfort and inconvenience. Empathize with client's feelings about procedure. Communicate willing and matter-of-fact attitude. Respect the client's right to know about and participate in treatment. Accept responsibility to do even distasteful nursing tasks thoroughly. In addition, refer to Employability Skills List.
SAFETY	Prevent the spread of infection to client, staff and families by using good handwashing and aseptic techniques. Use principles of body mechanics to prevent injury to client and self. Prevent accidents by providing adequate assistance to client as indicated by their condition. Place call signal where client can easily reach it. Discontinue treatment and report any complications.
EQUIPMENT AND SUPPLIES	Emesis basin Pillows Tissues Towel
SOURCE OF ANALYSIS	V-TECS Catalog, Licensed Practical Nurse, Performance Objective 119.
ILLINOIS STATE GOALS FOR LEARNING	Physical Development and Health: Goal 1-G: Basic human anatomy and physiology as it relates to health and disease. Goal 2-R: Signs and symptoms indicating the need for professional medical attention. Social Sciences: Goal 3-F: Development of oral and written communication.

ILLINOIS
STATE GOALS
FOR
LEARNING
(Cont.)

Language Arts:

- Goal 1-A: Recognition, recall, and summarization of material read.
- Goal 1-C: Reading for various purposes and identification of text to accomplish each purpose.
- Goal 2-A: Meaning of spoken messages.
- Goal 2-C: Inferences from spoken messages and nonverbal cues.
- Goal 2-F: Effective and appropriate responses.
- Goal 3-A: Use of appropriate language and style in writing for a variety of purposes and audiences.
- Goal 4-A: Clear and expressive speaking.
- Goal 4-D: Use of appropriate language and nonverbal cues for the topic, audience, and setting.
- Goal 6-D: English grammar.

TASK ANALYSIS

OCCUPATION	Home Health Aide
DUTY AREA	Providing Therapeutic Measures
TASK	Suction infant's respiratory passage with bulb syringe
PERFORMANCE STANDARD	Infant's airway is patent. Procedure is reported and recorded as required.
STEPS	1. Scrub hands. 2. Position infant by holding infant with head down or turning infant's head to side. 3. Suction nose and mouth gently with bulb syringe. 4. Put infant on back. 5. Repeat suctioning procedure if necessary. 6. Ascertain that airway is clear. 7. Place infant in crib. 8. Report and record nursing care.
KNOWLEDGE	Wash hands aseptically. Use aseptic technique. Organize needed supplies. Position patient for treatment. Watch for signs of patient discomfort. Use medical terminology to communicate with other health care workers. Observe results of treatment. Use agency system to record and report treatments. Describe the anatomy of respiratory passages of infant. Use bulb syringe for suctioning. Hold an infant.
ATTITUDES	Realize organization prevents loss of time and patient discomfort and safety. Communicate willing and matter-of-fact attitude. Accept responsibility to do even distasteful nursing tasks thoroughly. Recognize the need to ask for assistance from licensed personnel when needed. In addition, refer to Employability Skills List.

SAFETY	Prevent the spread of infection to patient, staff and families by using good handwashing and aseptic techniques. Use principles of body mechanics to prevent injury to patient and self. Prevent accidents by providing adequate assistance to patient as indicated by their condition. Put crib sides up before leaving patient unattended.
EQUIPMENT AND SUPPLIES	Bulb syringe
SOURCE OF ANALYSIS	V-TECS Catalog, Licensed Practical Nurse, Performance Objective 176.
ILLINOIS STATE GOALS FOR LEARNING	Physical Development and Health: Goal 1-F: Basic concepts of human growth and development during the following stages: prenatal, infancy, childhood, adolescence, adulthood and the aging. Goal 1-G: Basic human anatomy and physiology as it relates to health and disease. Goal 2-R: Signs and symptoms indicating the need for professional medical attention. Language Arts: Goal 3-A: Use of appropriate language and style in writing for a variety of purposes and audiences. Goal 4-A: Clear and expressive speaking.

TASK ANALYSIS

OCCUPATION Home Health Aide

DUTY AREA Providing Therapeutic Measures

TASK Assist with turning, coughing and deep breathing

PERFORMANCE STANDARD Client's position is changed at least every two hours. Client is taking deep breaths and is coughing forcibly every two hours. Procedure and observations are reported and recorded as required.

STEPS

1. Receive assignment.
2. Verify client's identity.
3. Explain procedure to client.
4. Wash hands.
5. Assemble equipment and supplies.
6. Provide privacy for client.
7. Place client in supine position with head elevated as high as condition will permit.
8. Support operative site if appropriate.
9. Instruct client to take a deep breath and cough as forcibly as possible.
10. Instruct client to continue to deep breathe and cough 3-5 times.
11. Change client's position at least every two hours.
12. Leave client in a safe and comfortable position.
13. Clean and put away equipment and supplies not in use.
14. Wash hands.
15. Record and report treatment and results.

KNOWLEDGE

Read and interpret assignment sheet.
Read and interpret client care plan.
Use agency procedure for positively identifying client.
Wash hands aseptically.
Use communication skills to explain procedures to client and families.
Use aseptic technique.
Organize needed supplies.
Position client for treatment.
Support operative site with pillows.
Watch for signs of client discomfort.
Use medical terminology to communicate with other health care workers.
Make bed, occupied or unoccupied.

KNOWLEDGE (Cont.)

Move and turn client who is in bed.
Observe results of treatment.
Use agency system to record and report treatments.

ATTITUDES

Respect client's right to privacy.
Respect client's dignity.
Realize organization prevents loss of time and client discomfort and inconvenience.
Empathize with client's feelings about procedure.
Communicate willing and matter-of-fact attitude.
Respect the client's right to know about and participate in treatment.
In addition, refer to Employability Skills List.

SAFETY

Prevent the spread of infection to client, staff and families by using good handwashing and aseptic techniques.
Use principles of body mechanics to prevent injury to client and self.
Prevent accidents by providing adequate assistance to client as indicated by their condition.
Put siderails or barrier up before leaving client unattended.
Place call signal where client can easily reach it.
Discontinue treatment and report any complications.
Prevent the complications of surgery or bedrest by encouraging client to move about and use all of lung capacity.

EQUIPMENT AND SUPPLIES

Tissues
Pillows

SOURCE OF ANALYSIS

V-TECS Catalog, Nurse Aide/Orderly, Performance Objective 62.

ILLINOIS STATE GOALS FOR LEARNING

Physical Development and Health:
Goal 1-A: Immediate and long-term effects of exercise and lack of exercise on the circulatory, respiratory and muscular systems of the body.
Goal 1-C: Basic human anatomy and physiology as it relates to health and disease.
Goal 2-R: Signs and symptoms indicating the need for professional medical attention.

ILLINOIS STATE GOALS FOR LEARNING (Cont.)

Language Arts:

- Goal 1-A: Recognition, recall, and summarization of material read.
- Goal 1-C: Reading for various purposes and identification of text to accomplish each purpose.
- Goal 2-A: Meaning of spoken messages.
- Goal 2-C: Inferences from spoken messages and nonverbal cues.
- Goal 2-F: Effective and appropriate responses.
- Goal 3-A: Use of appropriate language and style in writing for a variety of purposes and audiences.
- Goal 4-A: Clear and expressive speaking.
- Goal 4-D: Use of appropriate language and nonverbal cues for the topic, audience, and setting.
- Goal 6-D: English grammar.

TASK ANALYSIS

OCCUPATION	Home Health Aide
DUTY AREA	Providing Therapeutic Measures
TASK	Give vaginal douche
PERFORMANCE STANDARD	Client's vaginal canal is irrigated with prescribed solution; there is no solution remaining in canal at conclusion of procedure. Client's perineum and bed linens are clean and dry. Procedure is reported and recorded as required.

STEPS

1. Receive assignment.
2. Verify client's identity.
3. Explain procedure to client.
4. Wash hands.
5. Assemble equipment and supplies.
6. Provide privacy for client.
7. Instruct client to void, assisting client to bathroom or providing bedpan as needed.
8. Warm solution under running hot water.
   NOTE: Test temperature on inner aspect of your wrist, ensuring that water is neither too hot or too cold.
9. Assemble solution container with tubing.
10. Clamp off tubing.
11. Pour solution into container.
12. Hang container on standard and place in lowest position.
13. Remove top bedding and drape client with bath blanket or sheet.
14. Assist client to back-lying position with hips higher than shoulders.
15. Place disposable underpad under buttocks.
16. Position client on bedpan.
17. Put on gloves.
18. Open clamp to run some solution over perineal area separating labia with your left hand.
19. Insert irrigation tip 3-4 inches into vagina using downward and backward motion.
20. Rotate irrigation tip several times allowing prescribed amount of solution to enter vagina slowly.
21. Remove irrigation tip when container is almost empty.
22. Assist client to sitting position.
23. Dry perineum with tissue.
24. Empty bedpan.
25. Leave client in a safe and comfortable position.
26. Clean and put away equipment and supplies not in use.

STEPS (Cont.)

27. Wash hands.
28. Record and report treatment and results.

KNOWLEDGE

Read and interpret assignment sheet.
Read and interpret client care plan.
Describe the anatomy of the female reproductive system.
Explain the purpose of vaginal irrigation.
Use facility procedure for positively identifying client.
Wash hands aseptically.
Use communication skills to explain procedures to client and families.
Use aseptic technique.
Organize needed supplies.
Assist client in using bedpan.
Position and drape client for treatment.
Watch for signs of client discomfort.
Use medical terminology to communicate with other health care workers.
Make bed, occupied or unoccupied.
Move and turn client who is in bed.
Observe results of treatment.
Use agency system to record and report treatments.

ATTITUDES

Respect client's right to privacy.
Respect client's dignity.
Realize organization prevents loss of time and client discomfort and inconvenience.
Empathize with client's feelings about procedure.
Communicate willing and matter-of-fact attitude.
Respect the client's right to know about and participate in treatment.
In addition, refer to Employability Skills List.

SAFETY

Explain safe temperature of item which is to be in contact with client's skin.
Prevent the spread of infection to client, staff and families by using good handwashing and aseptic techniques.
Use principles of body mechanics to prevent injury to client and self.
Prevent accidents by providing adequate assistance to client as indicated by their condition.
Put siderails or barrier up before leaving client unattended.
Place call signal where client can easily reach it.
Discontinue treatment and report any complications.

EQUIPMENT AND SUPPLIES

- Bedpan
- Drape
- Gloves
- Standard
- Prescribed solution
- Tissues
- Disposable underpad
- Vaginal irrigation tray

SOURCE OF ANALYSIS

V-TECS Catalog, Nurse Aide/Orderly, Performance Objective 98.

ILLINOIS STATE GOALS FOR LEARNING

Physical Development and Health:
- Goal 1-G: Basic human anatomy and physiology as it relates to health and disease.
- Goal 2-R: Signs and symptoms indicating the need for professional medical attention.

Language Arts:
- Goal 1-A: Recognition, recall, and summarization of material read.
- Goal 1-C: Reading for various purposes and identification of text to accomplish each purpose.
- Goal 2-A: Meaning of spoken messages.
- Goal 2-C: Inferences from spoken messages and nonverbal cues.
- Goal 2-F: Effective and appropriate responses.
- Goal 3-A: Use of appropriate language and style in writing for a variety of purposes and audiences.
- Goal 4-A: Clear and expressive speaking.
- Goal 4-D: Use of appropriate language and nonverbal cues for the topic, audience, and setting.
- Goal 6-D: English grammar.

TASK ANALYSIS

OCCUPATION Home Health Aide

DUTY AREA Providing Therapeutic Measures

TASK Apply topical ointment

PERFORMANCE STANDARD Affected area or wound is cleaned before treatment. The ointment matches order exactly. The treatment does not cause undue pain or skin damage.

STEPS

1. Receive assignment.
2. Verify client's identity.
3. Explain procedure to client.
4. Wash hands.
5. Assemble supplies.
6. Select topical ointment as ordered.
7. Compare label with order by reading three times:
   A. Before removing from shelf.
   B. Before applying.
   C. Before returning to shelf.
8. Cleanse area to receive treatment if ordered, or ask nurse to cleanse area if sterile procedures are ordered.
9. Apply ointment in thin coats with either a sterile tongue blade, spatula, or rubber gloves, as ordered.
10. Clean and put away equipment and supplies.
11. Leave client in a safe and comfortable position.
12. Wash hands.
13. Record and report treatment and results.

KNOWLEDGE

Read and interpret assignment sheet.
Read and interpret client care plan.
Use facility procedure for positively identifying client.
Wash hands aseptically.
Use communication skills to explain procedures to client and families.
Use aseptic technique.
Explain how this specific topical ointment is used and what the purpose of the ointment is.
Organize needed supplies.
Position client for treatment.
Watch for signs of client discomfort.
Use medical terminology to communicate with other health care workers.
Make bed, occupied or unoccupied.
Cleanse and protect client's skin.

KNOWLEDGE (Cont.)

Use facility system in reporting and recording treatments.
Observe results of treatment.

ATTITUDES

Respect client's right to privacy.
Respect client's dignity.
Realize organization prevents loss of time and client discomfort and inconvenience.
Empathize with client's feelings about procedure.
Communicate willing and matter-of-fact attitude.
Respect the client's right to know about and participate in treatment.
Accept responsibility to do even distasteful nursing tasks thoroughly.
In addition, refer to Employability Skills List.

SAFETY

Prevent the spread of infection to client, staff and families by using good handwashing and aseptic techniques.
Use principles of body mechanics to prevent injury to client and self.
Use gentle touch during treatments as mucous membranes are easily injured.
Prevent accidents by providing adequate assistance to client as indicated by their condition.
Put siderails or barrier up before leaving client unattended.
Place call signal where client can easily reach it.
Discontinue treatment, and report any complications.

EQUIPMENT AND SUPPLIES

Topical ointment as ordered
Applicator for ointment
Gloves
Soap
Water
Towel
Washcloth
Sterile cleansing supplies if ordered.

SOURCE OF ANALYSIS

V-TECS Catalog, Community Health Aide, Performance Objective 78.

ILLINOIS STATE GOALS FOR LEARNING

Physical Development and Health:
- Goal 1-G: Basic human anatomy and physiology as it relates to health and disease.
- Goal 2-R: Signs and symptoms indicating the need for professional medical attention.
- Goal 2-T: Causes and methods of preventing common communicable and noncommunicable diseases, including dental disease.

ILLINOIS STATE GOALS FOR LEARNING (Cont.)

Language Arts:
- Goal 1-A: Recognition, recall, and summarization of material read.
- Goal 1-C: Reading for various purposes and identification of text to accomplish each purpose.
- Goal 2-A: Meaning of spoken messages.
- Goal 2-C: Inferences from spoken messages and nonverbal cues.
- Goal 2-F: Effective and appropriate responses.
- Goal 3-A: Use of appropriate language and style in writing for a variety of purposes and audiences.
- Goal 4-A: Clear and expressive speaking.
- Goal 4-D: Use of appropriate language and nonverbal cues for the topic, audience, and setting.
- Goal 6-D: English grammar.

Social Sciences:
- Goal 3-F: Development of oral and written communication.

TASK ANALYSIS

OCCUPATION Home Health Aide

DUTY AREA Providing Therapeutic Measures

TASK Insert suppository

PERFORMANCE STANDARD Rectal suppository is lubricated and inserted through the anal sphincter and guided into the rectum along the rectal wall a distance of about three inches. Procedure is reported and recorded as required.

STEPS

1. Receive assignment.
2. Verify client's identity.
3. Explain procedure to client.
4. Wash hands.
5. Assemble supplies.
6. Provide for privacy.
7. Adjust bed to nearly flat position, and lower siderail if hospital bed.
8. Fold bed linen back over hips to expose buttocks.
9. Unwrap covering of suppository, leaving it on wrapper.
10. Put on examining glove.
11. Lubricate suppository.
12. Expose client's anus.
13. Ask client to take a deep breath.
14. Slip suppository into anus, and guide it along the wall of rectum for approximately 3 inches.
    NOTE: Avoid pushing suppository into fecal mass.
15. Withdraw finger, and hold client's buttocks tightly together for a few seconds.
16. Remove glove and place it on paper towel.
17. Discard disposable supplies.
18. Clean and put away equipment and supplies.
19. Leave client in a safe and comfortable position.
20. Wash hands.
21. Record and report treatment and results.

KNOWLEDGE

Read and interpret assignment sheet.
Read and interpret client care plan.
Use facility procedure for positively identifying client.
Wash hands aseptically.
Use communication skills to explain procedures to client and families.
Use aseptic technique.
Explain how this specific suppository is used and what the purpose of the suppository is.

KNOWLEDGE (Cont.)	Describe the anatomy of the rectum, anus, and anal sphincter. Organize needed supplies. Position client for treatment. Watch for signs of client discomfort. Use medical terminology to communicate with other health care workers. Make bed, occupied or unoccupied. Cleanse and protect client's skin. Use facility system in reporting and recording treatments. Observe results of treatment.
ATTITUDES	Respect client's right to privacy. Respect client's dignity. Realize organization prevents loss of time and client discomfort and inconvenience. Empathize with client's feelings about procedure. Communicate willing and matter-of-fact attitude. Respect the client's right to know about and participate in treatment. Accept responsibility to do even distasteful nursing tasks thoroughly. In addition, refer to Employability Skills List.
SAFETY	Prevent the spread of infection to client, staff and families by using good handwashing and aseptic techniques. Use principles of body mechanics to prevent injury to client and self. Use gentle touch during treatments as mucous membranes are easily injured. Prevent accidents by providing adequate assistance to client as indicated by their condition. Put siderails or barrier up before leaving client unattended. Place call signal where client can easily reach it. Discontinue treatment, and report any complications.
EQUIPMENT AND SUPPLIES	Clean examining glove Lubricant, water soluble Paper towel Suppository
SOURCE OF ANALYSIS	V-TECS Catalog, Nurse Aide/Orderly, Performance Objective 103.
ILLINOIS STATE GOALS FOR LEARNING	Physical Development and Health: Goal 1-G: Basic human anatomy and physiology as it relates to health and disease. Goal 2-R: Signs and symptoms indicating the need for professional medical attention.

ILLINOIS
STATE GOALS
FOR
LEARNING
(Cont.)

Language Arts:

- Goal 1-A: Recognition, recall, and summarization of material read.
- Goal 1-C: Reading for various purposes and identification of text to accomplish each purpose.
- Goal 2-A: Meaning of spoken messages.
- Goal 2-C: Inferences from spoken messages and nonverbal cues.
- Goal 2-F: Effective and appropriate responses.
- Goal 3-A: Use of appropriate language and style in writing for a variety of purposes and audiences.
- Goal 4-A: Clear and expressive speaking.
- Goal 4-D: Use of appropriate language and nonverbal cues for the topic, audience, and setting.
- Goal 6-D: English grammar.

Mathematics:

- Goal 7-D: Ability to determine whether an estimate is a better alternative than an exact value.

Social Sciences:

- Goal 3-F: Development of oral and written communication.

TASK ANALYSIS

OCCUPATION	Home Health Aide
DUTY AREA	Providing Therapeutic Measures
TASK	Give therapeutic bath
PERFORMANCE STANDARD	Client is assisted with type of bath as ordered. Client is assisted back to room, linens are changed and treatment bath is reported and recorded as required.

STEPS

1. Receive assignment.
2. Verify client's identity.
3. Explain procedure to client.
4. Wash hands.
5. Assemble equipment and supplies.
6. Check the tub and clean it if necessary.
7. Assist the client to the tub.

For medicated bath:

8. Add medication, i.e., oatmeal, sodium bicarbonate, cornstarch, saline, mustard as ordered.
9. Assist client into tub.
10. Pat skin dry after bath.

For relaxing bath:

11. Fill tub to cover entire body.
12. Assist client into tub.
13. Time bath for 15-20 minutes.

For hot water bath:

14. Fill tub with water at 110°F.
15. Assist client into tub.

For whirlpool bath:

16. Attach mechanism to bathtub or use specially prepared tub.
17. Assist client into tub.

For soaks:

18. Use solution with frequency and temperature of water as ordered.
19. Assist client into tub.

For sitz bath:

20. Use folded bath blanket in tub on which client may sit.
21. Use bathtub.
22. Assist client into tub.

For all baths:

23. Provide for privacy.
24. Check on the client frequently.
25. Wash and dry client's back.
26. Assist the client as needed to get out of the tub.
27. Assist client to dry.

STEPS
(Cont.)

28. Put clean clothing on client.
29. Assist client back to room or bed.
30. Give client a backrub if indicated.
31. Change linen on bed.
32. Clean and put away equipment and supplies in room and tub room.
33. Leave client in a safe and comfortable position.
34. Wash hands.
35. Record and report treatment and results.

KNOWLEDGE

Read and interpret assignment sheet.
Read and interpret client care plan.
Use agency procedure for positively identifying client.
Wash hands aseptically.
Use communication skills to explain procedures to client and families.
Use aseptic technique.
Explain how this specific therapeutic bath is used and what the purpose of the bath is.
Explain the supplies and equipment needed for each type of therapeutic bath.
Organize needed supplies.
Watch for signs of client discomfort.
Use medical terminology to communicate with other health care workers.
Make bed, occupied or unoccupied.
Cleanse and protect client's skin.
Use bath thermometer to determine the temperature of water in tub.
Transfer and transport client from bed to tub room and back to room.
Use agency system in reporting and recording treatments.
Observe results of treatment.

ATTITUDES

Respect client's right to privacy.
Respect client's dignity.
Realize organization prevents loss of time and client discomfort and inconvenience.
Empathize with client's feelings about procedure.
Communicate willing and matter-of-fact attitude.
Respect the client's right to know about and participate in treatment.
In addition, refer to Employability Skills List.

SAFETY

Identify safe temperatures for water which contacts client's skin.
Prevent the spread of infection to client, staff, and families by using good handwashing and aseptic techniques.

SAFETY (Cont.)

Use principles of body mechanics to prevent injury to client and self.
Prevent accidents by providing adequate assistance to client as indicated by their condition.
Put siderails or barrier up before leaving client unattended.
Place call signal where client can easily reach it.
Discontinue treatment, and report any complications.

EQUIPMENT AND SUPPLIES

Washcloth
Towels
Soap
Medication if ordered
Bath thermometer
Bath blanket for sitz bath
Backrub lotion
Clean gown
Clean linen

SOURCE OF ANALYSIS

Nursing Skills for Allied Health Services, Wood and Rambo, 1977, pp. 238-239.

ILLINOIS STATE GOALS FOR LEARNING

Mathematics:
- Goal 3-A: Measurement in various contexts using appropriate units.
- Goal 3-B: Estimation of measurements.
- Goal 3-D: Conversion of units within one system and from one system to another.
- Goal 7-D: Ability to determine whether an estimate is a better alternative than an exact value.

Language Arts:
- Goal 1-A: Recognition, recall, and summarization of material read.
- Goal 1-C: Reading for various purposes and identification of text to accomplish each purpose.
- Goal 2-A: Meaning of spoken messages.
- Goal 2-C: Inferences from spoken messages and nonverbal cues.
- Goal 2-F: Effective and appropriate responses.
- Goal 3-A: Use of appropriate language and style in writing for a variety of purposes and audiences.
- Goal 4-A: Clear and expressive speaking.
- Goal 4-D: Use of appropriate language and nonverbal cues for the topic, audience, and setting.
- Goal 6-D: English grammar.

ILLINOIS
STATE GOALS
FOR
LEARNING
(Cont.)

Physical Development and Health:

Goal 1-C: Basic human anatomy and physiology as it relates to health and disease.

Goal 2-B: Signs and symptoms indicating the need for professional medical attention.

Social Sciences:

Goal 3-I: Development of oral and written communication.

TASK ANALYSIS

OCCUPATION Home Health Aide

DUTY AREA Providing Therapeutic Measures

TASK Apply antiembolism elastic stockings

PERFORMANCE STANDARD Both of client's legs are measured and are fitted with appropriate size stockings. Left stocking is on left leg and right stocking is on right leg. Stitching is positioned according to manufacturer's instructions. Application of stockings is reported and recorded as required.

STEPS

1. Receive assignment.
2. Verify client's identity.
3. Explain procedure to client.
4. Wash hands.
5. Assemble supplies.
6. Provide for privacy.
7. Expose client's legs.
8. Measure calf circumference.
9. Measure length of leg from heel to back of knee.
10. Record measurements.
11. Measure other leg and record measurements if gross difference exists in size of legs.
    NOTE: Order two sizes of stockings if leg sizes differ.
12. Obtain stockings in measured size(s).
13. Remove stockings from container.
14. Identify left and right leg stocking.
15. Insert hand into stocking as far as heel.
16. Grasp center of heel and turn stocking inside out to heel.
17. Position stocking over foot and heel.
18. Pull body of stocking up around ankle, calf and thigh.
19. Repeat for other leg.
20. Position stitching of stocking as indicated in instructions enclosed with stockings.
21. Explain importance to client that stockings not be folded down.
22. Remove and apply stockings every shift.
23. Check size of stockings on client to assure proper fit.
24. Report and record size(s) and application of stockings.

KNOWLEDGE Read and interpret assignment sheet.
Read and interpret client care plan.

KNOWLEDGE (Cont.)

Use agency procedure for positively identifying client.
Wash hands aseptically.
Use communication skills to explain procedures to client and families.
Use aseptic technique.
Explain why antiembolism stockings are used.
Organize needed supplies.
Position client for treatment.
Watch for signs of client discomfort.
Use medical terminology to communicate with other health care workers.
Cleanse and protect client's skin.
Use agency system in reporting and recording treatments.
Observe results of treatment.
Measure using tape measure.
Compare measurements and determine any significant difference.
Read and interpret manufacturer instructions.

ATTITUDES

Respect client's right to privacy.
Respect client's dignity.
Realize organization prevents loss of time and client discomfort and inconvenience.
Empathize with client's feelings about procedure.
Communicate willing and matter-of-fact attitude.
Respect the client's right to know about and participate in treatment.
In addition, refer to Employability Skills List.

SAFETY

Prevent the spread of infection to client, staff and families by using good handwashing and aseptic techniques.
Use principles of body mechanics to prevent injury to client and self.
Prevent accidents by providing adequate assistance to client as indicated by their condition.
Put siderails or barrier up before leaving client unattended.
Place call signal where client can easily reach it.
Discontinue treatment and report any complications.

EQUIPMENT AND SUPPLIES

Elastic antiembolism stockings
Stocking chart
Manufacturer's instructions
Tape measure

SOURCE OF ANALYSIS

V-TECS Catalog, Licensed Practical Nurse, Performance Objective 66.

ILLINOIS STATE GOALS FOR LEARNING

- Physical Development and Health:
  - Goal 1-G: Basic human anatomy and physiology as it relates to health and disease.
  - Goal 2-R: Signs and symptoms indicating the need for professional medical attention.
- Language Arts:
  - Goal 1-A: Recognition, recall, and summarization of material read.
  - Goal 1-C: Reading for various purposes and identification of text to accomplish each purpose.
  - Goal 2-A: Meaning of spoken messages.
  - Goal 2-C: Inferences from spoken messages and nonverbal cues.
  - Goal 2-F: Effective and appropriate responses.
  - Goal 3-A: Use of appropriate language and style in writing for a variety of purposes and audiences.
  - Goal 4-A: Clear and expressive speaking.
  - Goal 4-D: Use of appropriate language and nonverbal cues for the topic, audience, and setting.
  - Goal 6-D: English grammar.
- Social Sciences:
  - Goal 3-B: Selected principles of learning and motivation.
- Mathematics:
  - Goal 3-A: Measurement in various contexts using appropriate units.

TASK ANALYSIS

FOR

HEALTH OCCUPATIONS

CLUSTER: **NURSING**
OCCUPATION: **HOME HEALTH AIDE**
Duty Area: Performing Diagnostic Measures

TASK ANALYSIS

OCCUPATION	Home Health Aide
DUTY AREA	Performing Diagnostic Measures
TASK	Test patient's mental awareness
PERFORMANCE STANDARD	Client's mental awareness is assessed through simple conversation. Observations are reported and recorded as required.
STEPS	1. Receive assignment. 2. Verify client's identity. 3. Begin conversation with client noting client's responses. 4. Ask client to respond to simple questions such as: A. "What is your name?" B. "Where do you live?" C. "Where are you now?" 5. Orient client as necessary. 6. Record and report responses and changes in client's awareness.
KNOWLEDGE	Read and interpret assignment sheet. Read and interpret client care plan. Use facility procedure for positively identifying client. Use aseptic technique. Explain the implications for testing mental awareness for various physical conditions. Explain the levels of consciousness. Use medical terminology to communicate with other health care workers. Use facility system to record and report observations.
ATTITUDES	Respect client's right to privacy. Respect client's dignity. Empathize with client regarding diagnostic procedure. Accept the need for careful observation in regard to mental awareness for various conditions. In addition, refer to Employability Skills List.

SAFETY	Prevent the spread of infection to client, staff and families by using good handwashing and aseptic techniques. Prevent accidents by providing adequate assistance to client as indicated by their condition. Put siderails up before leaving client unattended. Place call signal where client can easily reach it even though the client is seemingly unconscious.
EQUIPMENT AND SUPPLIES	Client's chart
SOURCE OF ANALYSIS	V-TECS Catalog, Licensed Practical Nurse, Performance Objective 40.
ILLINOIS STATE GOALS FOR LEARNING	Biological and Physical Sciences: Goal 4-A: Observation. Goal 4-B: Classification. Goal 4-C: Inference. Goal 4-D: Prediction. Goal 4-E: Measurement. Goal 4-F: Communication. Goal 4-G: Data collection, organization and interpretation. Physical Development and Health: Goal 1-G: Basic human anatomy and physiology as it relates to health and disease. Goal 2-R: Signs and symptoms indicating the need for professional medical attention. Goal 2-V: Characteristics of mental health and mental illness. Language Arts: Goal 1-A: Recognition, recall, and summarization of material read. Goal 1-C: Reading for various purposes and identification of text to accomplish each purpose. Goal 2-A: Meaning of spoken messages. Goal 2-C: Inferences from spoken messages and nonverbal cues. Goal 2-F: Effective and appropriate responses. Goal 3-A: Use of appropriate language and style in writing for a variety of purposes and audiences. Goal 4-A: Clear and expressive speaking. Goal 4-D: Use of appropriate language and nonverbal cues for the topic, audience, and setting. Goal 6-D: English grammar.

TASK ANALYSIS

OCCUPATION Home Health Aide

DUTY AREA Performing Diagnostic Measures

TASK Assist with physical examination

PERFORMANCE STANDARD Client is undressed and draped for examination. Physician is assisted in examining client as situation requires. Labeled specimens are sent to lab with lab requisition slip. Procedure is recorded and reported as required.

STEPS

1. Receive assignment.
2. Verify client's identity.
3. Explain procedure to client.
4. Wash hands.
5. Assemble equipment and supplies.
6. Label specimen containers:
    - A. Client's name.
    - B. Date and time of specimen collection.
7. Attach label to specimen container.
8. Fill out lab requisition slip:
    - A. Client's name.
    - B. Date and time of specimen collection.
    - C. Tests to be done.
    - D. Physician's name.
    - E. Designate STAT or ROUTINE.
9. Provide privacy for client.
10. Direct client to undress or assist client in undressing.
11. Position and drape client according to area of body being examined.
    NOTE: Female client should be attended by female nurse during examination by male physician. Male client should be attended by male nurse during examination by female physician.
12. Hand physician essential equipment.
13. Position examination light.
14. Support client in specific position.
15. Receive specimens.
16. Leave client in a safe and comfortable position.
17. Send labeled specimens to lab.
18. Direct client to dress or assist client in dressing.
19. Clean and put away equipment and supplies not in use.
20. Wash hands.
21. Record and report procedure.

KNOWLEDGE	Read and interpret assignment sheet. Read and interpret client care plan. Wash hands aseptically. Use medical terminology to communicate with other health care workers. Identify reason for procedure. Select equipment and supplies for procedure. Use communication skills to explain procedure to client. Position client for procedure. Use medical and surgical aseptic technique. Anticipate physician's needs during procedure. Use communication skills to reassure and comfort client as is appropriate during difficult or painful procedures. Use accepted methods to dispose of, clean and sterilize equipment and supplies. Use agency system to record and report observations. Use agency procedures to report and record procedure.
ATTITUDES	Respect client's right to privacy. Respect client's dignity. Empathize with client regarding diagnostic procedure. Accept the importance of performing procedures efficiently and quickly. Value client comfort, safety and cooperation. Value cost containment and prepare only what is needed for procedure. Accept that client may need restraint due to inability to control self during painful or frightening procedure. In addition, refer to Employability Skills List.
SAFETY	Use agency procedure to positively identify client. Use aseptic technique to prevent infection among clients, staff and families. Assist client who may need restraint in order to save client from further injury. Use principles of body mechanics to prevent injury to client and self. Prevent accidents by providing adequate assistance to client as indicated by their condition. Discontinue procedure and report any complications. Label all specimens accurately.
EQUIPMENT AND SUPPLIES	Drape Label Lab requisition slip Ophthalmoscope Otoscope Pelvic examination tray and pap smear equipment as indicated Percussion hammer Rectal glove and lubricant Specimen container

EQUIPMENT AND SUPPLIES (Cont.)

Sphygmomanometer
Tongue blade
Tuning fork

SOURCE OF ANALYSIS

V-TECS Catalog, Licensed Practical Nurse, Performance Objective 183.

ILLINOIS STATE GOALS FOR LEARNING

Physical Development and Health:
- Goal 1-G: Basic human anatomy and physiology as it relates to health and disease.
- Goal 2-R: Signs and symptoms indicating the need for professional medical attention.
- Goal 2-T: Causes and methods of preventing common communicable and noncommunicable diseases, including dental disease.

Language Arts:
- Goal 1-A: Recognition, recall, and summarization of material read.
- Goal 1-C: Reading for various purposes and identification of text to accomplish each purpose.
- Goal 2-A: Meaning of spoken messages.
- Goal 2-C: Inferences from spoken messages and nonverbal cues.
- Goal 2-F: Effective and appropriate responses.
- Goal 3-A: Use of appropriate language and style in writing for a variety of purposes and audiences.
- Goal 4-A: Clear and expressive speaking.
- Goal 4-D: Use of appropriate language and nonverbal cues for the topic, audience, and setting.
- Goal 6-D: English grammar.

Social Sciences:
- Goal 3-A: Selected theories of human physical development.
- Goal 3-B: Selected principles of learning and motivation.
- Goal 3-F: Development of oral and written communication.

TASK ANALYSIS

OCCUPATION Home Health Aide

DUTY AREA Performing Diagnostic Measures

TASK Collect timed urine specimen

PERFORMANCE STANDARD Client and bed linens are clean and dry. Labeled bottle for urine collection is kept in cool place. Urine is collected at specified times. Labeled specimen is sent to lab with requisition slip. Procedure is reported and recorded as required.

STEPS

1. Receive assignment.
2. Verify client's identity.
3. Explain procedure to client.
4. Wash hands.
5. Assemble equipment and supplies.
6. Fill out specimen label:
   A. Client's name.
   B. Date and time of collection.
7. Attach label to specimen container.
8. Fill out lab requisition slip:
   A. Client's name.
   B. Date and time of specimen collection.
   C. Tests to be done.
   D. Physician's name.
   E. Designate STAT or ROUTINE.
9. Provide privacy for client.
10. Assist client to use bedpan, urinal or commode as condition dictates.
    NOTE: Ambulatory client collects specimen unaided.
11. Instruct client to void.
12. Discard this urine.
13. Record starting time.
14. Instruct client to void all subsequent urine into bedpan or urinal and record when each specimen is provided.
15. Collect all urine voided thereafter in labeled gallon bottle.
    NOTE: Collected urine must be kept in cool place.
16. Instruct client to void at end of timed period.
17. Add this urine to total collected.
18. Clean and put away equipment and supplies not in use.
19. Wash hands.
20. Leave client in a safe and comfortable position.
21. Send labeled specimen to lab with completed requisition slip.
22. Record and report procedure.

KNOWLEDGE

Read and interpret assignment sheet.
Read and interpret client care plan.
Wash hands aseptically.
Use medical terminology to communicate with other health care workers.
Identify reason for procedure.
Select equipment and supplies for procedure.
Use communication skills to explain procedure to client.
Use aseptic technique.
Use accepted methods to dispose of, and clean equipment and supplies.
Use agency system to record and report observations.
Use agency procedures to report and record procedure.
Explain anatomy and physiology related to urination.
Explain agency procedures for requisition and for sending specimen to lab.
Time procedures.

ATTITUDES

Respect client's right to privacy.
Respect client's dignity.
Empathize with client regarding diagnostic procedure.
Accept the importance of performing procedures efficiently and quickly.
Value client comfort, safety and cooperation.
Value cost containment and prepare only what is needed for procedure.
Accept need to use terminology client understands.
Accept need to do distasteful nursing tasks thoroughly.
Accept client's need for privacy and possible resistance to accepting assistance.
Value client's need to comprehend their role in collecting specimen.
Accept need to be honest in regard to accurately carrying out procedure.
In addition, refer to Employability Skills List.

SAFETY

Use agency procedure to positively identify client.
Use aseptic technique to prevent infection among clients, staff and families.
Use principles of body mechanics to prevent injury to client and self.
Prevent accidents by providing adequate assistance to client as indicated by their condition.
Label all specimens accurately.

EQUIPMENT AND SUPPLIES

Bedpan, urinal, specimen pan or commode
Gallon bottle
Label
Lab requisition slip
Specimen container

SOURCE OF ANALYSIS

V-TECS Catalog, Licensed Practical Nurse, Performance Objective 151.

ILLINOIS STATE GOALS FOR LEARNING

Language Arts:
- Goal 1-A: Recognition, recall, and summarization of material read.
- Goal 1-C: Reading for various purposes and identification of text to accomplish each purpose.
- Goal 2-A: Meaning of spoken messages.
- Goal 2-C: Inferences from spoken messages and nonverbal cues.
- Goal 2-F: Effective and appropriate responses.
- Goal 3-A: Use of appropriate language and style in writing for a variety of purposes and audiences.
- Goal 4-A: Clear and expressive speaking.
- Goal 4-D: Use of appropriate language and nonverbal cues for the topic, audience, and setting.
- Goal 6-D: English grammar.

Mathematics:
- Goal 3-A: Measurement in various contexts using appropriate units.

Physical Development and Health:
- Goal 1-G: Basic human anatomy and physiology as it relates to health and disease.

Social Sciences:
- Goal 3-B: Selected principles of learning and motivation.
- Goal 3-F: Development of oral and written communication.

TASK ANALYSIS

OCCUPATION Home Health Aide

DUTY AREA Performing Diagnostic Measures

TASK Collect clean catch urine specimen

PERFORMANCE STANDARD Client is clean and dry. Clean catch specimen is collected midstream in voiding from clean perineal area. Medical asepsis is maintained during procedure. Labeled specimen is sent to lab with lab requisition slip. Procedure is reported and recorded as required.

STEPS

1. Receive assignment.
2. Verify client's identity.
3. Explain procedure to client.
4. Wash hands.
5. Assemble equipment and supplies.
6. Fill out specimen label:
    A. Client's name.
    B. Date and time of collection.
7. Fill out lab requisition slip:
    A. Client's name.
    B. Date and time of specimen collection.
    C. Tests to be done.
    D. Physician's name.
    E. Designate STAT or ROUTINE.
8. Provide privacy for client.
9. Assist client to toilet with specimen pan in place.
10. Put on disposable gloves.
    NOTE: Instruct client to, or assist client to:
11. Expose urinary meatus.
12. Cleanse area around urinary meatus, front to back, with clean cotton ball or antiseptic wipe for each stroke.
13. Instruct client to void.
14. Collect urine specimen.
    NOTE: First and last portion of urine is not collected, only the mid-stream.
15. Remove gloves.
16. Clean and put away equipment and supplies not in use.
17. Wash hands.
18. Attach label to specimen container.
19. Send labeled specimen to lab with completed requisition slip.
20. Record and report procedure and observations.

KNOWLEDGE	Read and interpret assignment sheet. Wash hands aseptically. Use medical terminology to communicate with other health care workers. Identify reason for procedure. Select equipment and supplies for procedure. Use communication skills to explain procedure to client. Position client for procedure. Use medical aseptic technique. Use communication skills to reassure and comfort client as is appropriate during difficult or embarrassing procedures. Use accepted methods to dispose of or clean equipment and supplies. Explain agency procedures for requisition and for sending specimen to lab. Use agency system to record and report observations. Use agency procedures to report and record procedure. Write legibly. Explain anatomy and physiology related to urination.
ATTITUDES	Respect client's right to privacy. Respect client's dignity. Empathize with client regarding diagnostic procedure. Accept the importance of performing procedures efficiently and quickly. Value client comfort, safety and cooperation. Value cost containment and prepare only what is needed for procedure. Accept need to use terminology client understands. Accept need to do distasteful nursing tasks thoroughly. Accept client's need for privacy and possible resistance to accepting assistance. Value client's need to comprehend their role in collecting specimen. Accept need to be honest in regard to accurately carrying out procedure. In addition, refer to Employability Skills List.
SAFETY	Use agency procedure to positively identify client. Use aseptic technique to prevent infection among clients, staff and families. Use principles of body mechanics to prevent injury to client and self. Prevent accidents by providing adequate assistance to client as indicated by their condition. Label all specimens accurately.

EQUIPMENT AND SUPPLIES

Bedpan, urinal, specimen pan or commode
Cleansing agent
Cotton balls or antiseptic wipes
Disposable gloves
Label
Lab requisition slip
Sterile specimen container

SOURCE OF ANALYSIS

V-TECS Catalog, Licensed Practical Nurse, Performance Objective 150.

ILLINOIS STATE GOALS FOR LEARNING

Language Arts:
- Goal 1-A: Recognition, recall, and summarization of material read.
- Goal 1-C: Reading for various purposes and identification of text to accomplish each purpose.
- Goal 2-A: Meaning of spoken messages.
- Goal 2-C: Inferences from spoken messages and nonverbal cues.
- Goal 2-F: Effective and appropriate responses.
- Goal 3-A: Use of appropriate language and style in writing for a variety of purposes and audiences.
- Goal 4-A: Clear and expressive speaking.
- Goal 4-D: Use of appropriate language and nonverbal cues for the topic, audience, and setting.
- Goal 6-D: English grammar.

Mathematics:
- Goal 3-A: Measurement in various contexts using appropriate units.

Physical Development and Health:
- Goal 1-G: Basic human anatomy and physiology as it relates to health and disease.

Social Sciences:
- Goal 3-B: Selected principles of learning and motivation.
- Goal 3-F: Development of oral and written communication.

TASK ANALYSIS

OCCUPATION Home Health Aide

DUTY AREA Performing Diagnostic Measures

TASK Collect routine urine specimen

PERFORMANCE STANDARD Client is dry. Labeled specimen is sent to lab with lab requisition slip. Procedure is reported and recorded as required.

STEPS

1. Receive assignment.
2. Verify client's identity.
3. Explain procedure to client.
4. Wash hands.
5. Assemble equipment and supplies.
6. Fill out specimen label:
   - A. Client's name.
   - B. Date and time of collection.
7. Attach label to specimen container.
8. Fill out lab requisition slip:
   - A. Client's name.
   - B. Date and time of specimen collection.
   - C. Tests to be done.
   - D. Physician's name.
   - E. Designate STAT or ROUTINE.
9. Provide privacy for client.
10. Assist client to bedpan, urinal, commode or toilet (with specimen pan in place) as condition dictates.
    NOTE: Ambulatory client collects specimen unaided.
11. Instruct client to void.
12. Collect urine specimen and pour into labeled specimen cup, measuring as indicated.
13. Empty remainder of urine into toilet.
14. Clean and put away equipment and supplies not in use.
15. Wash hands.
16. Send labeled specimen to lab with completed requisition slip.
17. Record and report procedure and observations.

KNOWLEDGE

Read and interpret assignment sheet.
Read and interpret client care plan.
Wash hands aseptically.
Use medical terminology to communicate with other health care workers.
Identify reason for procedure.
Select equipment and supplies for procedure.
Use communication skills to explain procedure to client.
Use medical aseptic technique.
Use communication skills to reassure and comfort client as is appropriate during difficult or embarrassing procedures.
Use accepted methods to dispose of or clean equipment and supplies.
Explain agency procedures for requisition and for sending specimen to lab.
Use agency system to record and report observations.
Use agency procedures to report and record procedure.
Write legibly.
Explain anatomy and physiology related to urination.

ATTITUDES

Respect client's right to privacy.
Respect client's dignity.
Empathize with client regarding diagnostic procedure.
Accept the importance of performing procedures efficiently and quickly.
Value client comfort, safety and cooperation.
Value cost containment and prepare only what is needed for procedure.
Accept need to use terminology client understands.
Accept need to do distasteful nursing tasks thoroughly.
Accept client's need for privacy and possible resistance to accepting assistance.
Value client's need to comprehend their role in collecting specimen.
Accept need to be honest in regard to accurately carrying out procedure.
In addition, refer to Employability Skills List.

SAFETY

Use agency procedure to positively identify client.
Use aseptic technique to prevent infection among client, staff and families.
Place call signal where client can reach it.
Prevent accidents by providing adequate assistance to client as indicated by their condition.
Label all specimens accurately.

EQUIPMENT AND SUPPLIES

Bedpan, urinal, commode or toilet with specimen pan, if necessary
Label
Lab requisition slip
Specimen container

SOURCE OF ANALYSIS

V-TECS Catalog, Licensed Practical Nurse, Performance Objective 149.

ILLINOIS STATE GOALS FOR LEARNING

Language Arts:
- Goal 1-A: Recognition, recall, and summarization of material read.
- Goal 1-C: Reading for various purposes and identification of text to accomplish each purpose.
- Goal 2-A: Meaning of spoken messages.
- Goal 2-C: Inferences from spoken messages and nonverbal cues.
- Goal 2-F: Effective and appropriate responses.
- Goal 3-A: Use of appropriate language and style in writing for a variety of purposes and audiences.
- Goal 4-A: Clear and expressive speaking.
- Goal 4-D: Use of appropriate language and nonverbal cues for the topic, audience, and setting.
- Goal 6-D: English grammar.

Mathematics:
- Goal 3-A: Measurement in various contexts using appropriate units.

Physical Development and Health:
- Goal 1-G: Basic human anatomy and physiology as it relates to health and disease.

Social Sciences:
- Goal 3-B: Selected principles of learning and motivation.
- Goal 3-F: Development of oral and written communication.

TASK ANALYSIS

OCCUPATION	Home Health Aide
DUTY AREA	Performing Diagnostic Measures
TASK	Collect 24-hour urine specimen
PERFORMANCE STANDARD	Client and bed linens are clean and dry. Labeled bottle for urine collection is kept in cool place. Urine is collected over 24-hour period. Labeled specimen is sent to lab with requisition slip. Procedure is reported and recorded as required.

STEPS

1. Receive assignment.
2. Verify client's identity.
3. Explain procedure to client.
4. Wash hands.
5. Assemble equipment and supplies.
6. Fill out specimen label:
   - A. Client's name.
   - B. Date and time of collection.
7. Attach label to specimen container.
8. Fill out lab requisition slip:
   - A. Client's name.
   - B. Date and time of specimen collection.
   - C. Tests to be done.
   - D. Physician's name.
   - E. Designate STAT or ROUTINE.
9. Provide privacy for client.
10. Assist client to use bedpan, urinal, toilet with specimen pan or commode as condition dictates.
    NOTE: Ambulatory client collects specimen unaided.
11. Instruct client to void.
12. Discard this urine.
13. Record starting time.
14. Instruct client to void all subsequent urine into bedpan or urinal and record when each specimen is provided.
15. Collect all urine voided thereafter in labeled gallon bottle.
    NOTE: Collected urine must be kept in cool place.
16. Instruct client to void at end of 24-hour period.
17. Add this urine to total collected.
18. Clean and put away equipment and supplies not in use.
19. Wash hands.
20. Leave client in a safe and comfortable position.
21. Send labeled specimen to lab with completed requisition slip.
22. Record and report procedure.

KNOWLEDGE

Read and interpret assignment sheet.
Read and interpret client care plan.
Wash hands aseptically.
Use medical terminology to communicate with other health care workers.
Identify reason for procedure.
Select equipment and supplies for procedure.
Use communication skills to explain procedure to client.
Use aseptic technique.
Use accepted methods to dispose of, and clean equipment and supplies.
Use agency system to record and report observations.
Use agency procedures to report and record procedure.
Explain anatomy and physiology related to urination.
Explain agency procedures for requisition and for sending specimen to lab.
Time procedure.

ATTITUDES

Respect client's right to privacy.
Respect client's dignity.
Empathize with client regarding diagnostic procedure.
Accept the importance of performing procedures efficiently and quickly.
Value client comfort, safety and cooperation.
Value cost containment and prepare only what is needed for procedure.
Accept need to use terminology client understands.
Accept need to do distasteful nursing tasks thoroughly.
Accept client's need for privacy and possible resistance to accepting assistance.
Value client's need to comprehend their role in collecting specimen.
Accept need to be honest in regard to accurately carrying out procedure.
In addition, refer to Employability Skills List.

SAFETY

Use agency procedure to positively identify client.
Use aseptic technique to prevent infection among clients, staff and families.
Use principles of body mechanics to prevent injury to client and self.
Prevent accidents by providing adequate assistance to client as indicated by their condition.
Label all specimens accurately.

EQUIPMENT AND SUPPLIES

Bedpan, urinal, specimen pan or commode
Gallon bottle
Label
Lab requisition slip
Specimen container

SOURCE OF ANALYSIS

V-TECS Catalog, Licensed Practical Nurse, Performance Objective 151.

ILLINOIS STATE GOALS FOR LEARNING

Language Arts:
- Goal 1-A: Recognition, recall, and summarization of material read.
- Goal 1-C: Reading for various purposes and identification of text to accomplish each purpose.
- Goal 2-A: Meaning of spoken messages.
- Goal 2-C: Inferences from spoken messages and nonverbal cues.
- Goal 2-F: Effective and appropriate responses.
- Goal 3-A: Use of appropriate language and style in writing for a variety of purposes and audiences.
- Goal 4-A: Clear and expressive speaking.
- Goal 4-D: Use of appropriate language and nonverbal cues for the topic, audience, and setting.
- Goal 6-D: English grammar.

Mathematics:
- Goal 3-A: Measurement in various contexts using appropriate units.

Physical Development and Health:
- Goal 1-G: Basic human anatomy and physiology as it relates to health and disease.

Social Sciences:
- Goal 3-B: Selected principles of learning and motivation.
- Goal 3-F: Development of oral and written communication.

TASK ANALYSIS

OCCUPATION Home Health Aide

DUTY AREA Performing Diagnostic Measures

TASK Collect sputum specimen

PERFORMANCE STANDARD Minimum of one teaspoon of sputum is collected from client when client first wakes in morning. Container is sterile and not contaminated. Labeled specimen is sent to lab with lab requisition slip. Procedure is reported and recorded as required.

STEPS

1. Receive assignment.
2. Verify client's identity.
3. Explain procedure to client.
4. Wash hands.
5. Assemble equipment and supplies.
6. Provide privacy for client.
7. Fill out specimen label:
   A. Client's name.
   B. Date of collection.
8. Attach label to specimen container.
9. Fill out lab requisition slip:
   A. Client's name.
   B. Date and time of specimen collection.
   C. Tests to be done.
   D. Physician's name.
   E. Designate STAT or ROUTINE.
10. Place container at bedside.

Instruct client to:

11. Collect specimen upon waking in morning.
12. Cough up sputum from lungs and bronchi.
13. Spit into container.
14. Call as soon as specimen is collected.

When client has collected specimen:

15. Return to collect specimen.
16. Assist client with oral hygiene.
17. Send labeled specimen to lab with completed requisition slip.
18. Leave client in a safe and comfortable position.
19. Clean and put away equipment and supplies not in use.
20. Wash hands.
21. Record and report procedure and characteristics of specimen.

KNOWLEDGE

Read and interpret assignment sheet.
Read and interpret client care plan.
Wash hands aseptically.
Use medical terminology to communicate with other health care workers.
Identify reason for procedure.
Select equipment and supplies for procedure.
Use communication skills to explain procedure to client.
Use medical aseptic technique.
Use communication skills to reassure and comfort client as is appropriate during difficult or embarrassing procedures.
Use accepted methods to dispose of or clean equipment and supplies.
Use agency procedures for requisition and for sending specimen to lab.
Use agency system to record and report observations.
Use agency procedures to report and record procedure.
Write legibly.
Explain anatomy and physiology related to respiratory system.
Describe sputum and how client raises sputum.

ATTITUDES

Recognize that collecting a sputum specimen can be embarrassing for the client.
Respect client's right to privacy.
Respect client's dignity.
Empathize with client regarding diagnostic procedure.
Accept the importance of performing procedures efficiently and quickly.
Value client comfort, safety and cooperation.
Value cost containment and prepare only what is needed for procedure.
Accept need to use terminology client understands.
Accept need to do distasteful nursing tasks thoroughly.
Accept client's need for privacy and possible resistance to accepting assistance.
Value client's need to comprehend their role in collecting specimen.
Accept need to be honest in regard to accurately carrying out procedure.
In addition, refer to Employability Skills List.

SAFETY

Use agency procedure to positively identify client.
Use aseptic technique to prevent infection among client, staff and families.
Place call signal where client can reach it.
Use principles of body mechanics to prevent injury to client and self.
Prevent accidents by providing adequate assistance to client as indicated by their condition.
Label all specimens accurately.

EQUIPMENT AND SUPPLIES	Label Lab requisition slip Specimen container Oral hygiene equipment and supplies
SOURCE OF ANALYSIS	V-TECS Catalog, *Licensed Practical Nurse*, Performance Objective 152.
ILLINOIS STATE GOALS FOR LEARNING	Physical Development and Health: Goal 1-G: Basic human anatomy and physiology as it relates to health and disease. Goal 2-R: Signs and symptoms indicating the need for professional medical attention. Goal 2-T: Causes and methods of preventing common communicable and noncommunicable diseases, including dental disease. Biological and Physical Sciences: Goal 1-N: Relationship of structure to function. Language Arts: Goal 1-A: Recognition, recall, and summarization of material read. Goal 1-C: Reading for various purposes and identification of text to accomplish each purpose. Goal 2-A: Meaning of spoken messages. Goal 2-C: Inferences from spoken messages and nonverbal cues. Goal 2-F: Effective and appropriate responses. Goal 3-A: Use of appropriate language and style in writing for a variety of purposes and audiences. Goal 4-A: Clear and expressive speaking. Goal 4-D: Use of appropriate language and nonverbal cues for the topic, audience, and setting. Goal 6-D: English grammar.

TASK ANALYSIS

OCCUPATION Home Health Aide

DUTY AREA Performing Diagnostic Measures

TASK Collect stool specimen

PERFORMANCE STANDARD Client and bed linens are clean. Collected specimen is labeled and is sent to lab with lab requisition slip. Procedure is reported and recorded as required.

STEPS

1. Receive assignment.
2. Verify client's identity.
3. Explain procedure to client.
4. Wash hands.
5. Assemble equipment and supplies.
6. Provide privacy for client.
7. Fill out specimen label:
    A. Client's name.
    B. Date and time of collection.
8. Fill out lab requisition slip:
    A. Client's name.
    B. Date and time of specimen collection.
    C. Tests to be done.
    D. Physician's name.
    E. Designate STAT or ROUTINE.

Collect specimen from continent client:

9. Provide bedpan, commode or toilet with specimen pan.
10. Instruct client to call when defecation completed.
11. Return when called by client.
12. Put on disposable gloves.
13. Transfer stool specimen to specimen container using tongue blade.
14. Wrap tongue blade in paper towel.

Collect specimen from incontinent client:

15. Put on disposable gloves.
16. Use tongue blade to transfer specimen from linen to specimen container.
17. Cleanse client.

Collect specimen from unconscious or constipated client:

18. Put on disposable gloves.
19. Remove stool specimen manually.
20. Place specimen in container.

After collecting stool specimen:

21. Remove gloves.
22. Leave client in a safe and comfortable position.
23. Clean and put away equipment and supplies not in use.
24. Wash hands.

STEPS
(Cont.)

25. Attach label to specimen container.
26. Send labeled specimen to lab with completed requisition slip.
    NOTE: Ova and parasite specimens must be delivered immediately.
27. Record and report procedure and results.

KNOWLEDGE

Read and interpret assignment sheet.
Read and interpret client care plan.
Wash hands aseptically.
Use medical terminology to communicate with other health care workers.
Identify reason for procedure.
Select equipment and supplies for procedure.
Use communication skills to explain procedure to client.
Position client for procedure.
Use medical aseptic technique.
Use communication skills to reassure and comfort client as is appropriate during difficult or embarrassing procedures.
Use accepted methods to dispose of or clean equipment and supplies.
Explain agency procedures for requisition and for sending specimen to lab.
Use agency system to record and report observations.
Use agency procedures to report and record procedure.
Write legibly.
Explain anatomy and physiology related to elimination.

ATTITUDES

Respect client's right to privacy.
Respect client's dignity.
Empathize with client regarding diagnostic procedure.
Accept the importance of performing procedures efficiently and quickly.
Value client comfort, safety and cooperation.
Value cost containment and prepare only what is needed for procedure.
Accept need to use terminology client understands.
Accept need to do distasteful nursing tasks thoroughly.
Accept client's need for privacy and possible resistance to accepting assistance.
Value client's need to comprehend their role in collecting specimen.

ATTITUDES (Cont.)

Accept need to be honest in regard to accurately carrying out procedure.
In addition, refer to Employability Skills List.

SAFETY

Use agency procedure to positively identify client.
Use aseptic technique to prevent infection among client, staff and families.
Place call signal where client can reach it.
Use principles of body mechanics to prevent injury to client and self.
Prevent accidents by providing adequate assistance to client as indicated by their condition.
Label all specimens accurately.

EQUIPMENT AND SUPPLIES

Bedpan, commode or toilet with specimen pan
Disposable gloves
Label
Lab requisition slip
Paper towel
Specimen container
Tongue blades

SOURCE OF ANALYSIS

V-TECS Catalog, Licensed Practical Nurse, Performance Objective 148.

ILLINOIS STATE GOALS FOR LEARNING

Physical Development and Health:
  Goal 1-G: Basic human anatomy and physiology as it relates to health and disease.
  Goal 2-R: Signs and symptoms indicating the need for professional medical attention.
Biological and Physical Sciences:
  Goal 1-N: Relationship of structure to function.
Language Arts:
  Goal 1-A: Recognition, recall, and summarization of material read.
  Goal 1-C: Reading for various purposes and identification of text to accomplish each purpose.
  Goal 2-A: Meaning of spoken messages.
  Goal 2-C: Inferences from spoken messages and nonverbal cues.
  Goal 2-F: Effective and appropriate responses.
  Goal 3-A: Use of appropriate language and style in writing for a variety of purposes and audiences.
  Goal 4-A: Clear and expressive speaking.
  Goal 4-D: Use of appropriate language and nonverbal cues for the topic, audience, and setting.
  Goal 6-D: English grammar.

TASK ANALYSIS

OCCUPATION Home Health Aide

DUTY AREA Performing Diagnostic Measures

TASK Strain urine

PERFORMANCE STANDARD Client and bed linens are clean and dry. Stones are saved and results of urine straining are reported and recorded as required.

STEPS

1. Receive assignment.
2. Verify client's identity.
3. Explain procedure to client.
4. Wash hands.
5. Assemble equipment and supplies.
6. Provide privacy for client.
7. Give client a specimen cup.
8. Direct client to void into specimen container.
9. Assist client to bathroom or to use bedpan or urinal as condition indicates.
10. Pour urine through strainer.
11. Watch for any stones in strainer.
    NOTE: If stone is passed, save in container.
12. Leave client in a safe and comfortable position.
13. Clean and put away equipment and supplies not in use.
14. Wash hands.
15. Record and report procedure and observations.

KNOWLEDGE

Read and interpret assignment sheet.
Read and interpret client care plan.
Wash hands aseptically.
Use medical terminology to communicate with other health care workers.
Identify reason for procedure.
Select equipment and supplies for procedure.
Use communication skills to explain procedure to client.
Use medical aseptic technique.
Use communication skills to reassure and comfort client as is appropriate during difficult or embarrassing procedures.
Use accepted methods to dispose of or clean equipment and supplies.
Use agency system to record and report observations.
Use agency procedures to report and record procedure.
Write legibly.
Explain anatomy and physiology related to urination.

ATTITUDES	Respect client's right to privacy. Respect client's dignity. Empathize with client regarding diagnostic procedure. Accept the importance of performing procedures efficiently and quickly. Value client comfort, safety and cooperation. Value cost containment and prepare only what is needed for procedure. Accept need to use terminology client understands. Accept need to do distasteful nursing tasks thoroughly. Accept client's need for privacy and possible resistance to accepting assistance. Value client's need to comprehend their role in collecting specimen. Accept need to be honest in regard to accurately carrying out procedure. In addition, refer to Employability Skills List.
SAFETY	Use agency procedure to positively identify client. Use aseptic technique to prevent infection among client, staff and families. Place call signal where client can reach it. Use principles of body mechanics to prevent injury to client and self. Prevent accidents by providing adequate assistance to client as indicated by their condition.
EQUIPMENT AND SUPPLIES	Bedpan, urinal, commode or toilet with specimen pan Container Specimen cup Urine strainer
SOURCE OF ANALYSIS	V-TECS Catalog, Licensed Practical Nurse, Performance Objective 87.
ILLINOIS STATE GOALS FOR LEARNING	Social Sciences: Goal 3-B: Selected principles of learning and motivation. Goal 3-F: Development of oral and written communication.

ILLINOIS
STATE GOALS
FOR
LEARNING
(Cont.)

Language Arts:
- Goal 1-A: Recognition, recall, and summarization of material read.
- Goal 1-C: Reading for various purposes and identification of text to accomplish each purpose.
- Goal 2-A: Meaning of spoken messages.
- Goal 2-C: Inferences from spoken messages and nonverbal cues.
- Goal 2-F: Effective and appropriate responses.
- Goal 3-A: Use of appropriate language and style in writing for a variety of purposes and audiences.
- Goal 4-A: Clear and expressive speaking.
- Goal 4-D: Use of appropriate language and nonverbal cues for the topic, audience, and setting.
- Goal 6-D: English grammar.

Mathematics:
- Goal 3-A: Measurement in various contexts using appropriate units.

Physical Development and Health:
- Goal 1-G: Basic human anatomy and physiology as it relates to health and disease.

TASK ANALYSIS

OCCUPATION	Home Health Aide
DUTY AREA	Performing Diagnostic Measures
TASK	Perform urine test for sugar and acetone
PERFORMANCE STANDARD	Client and bed linens are clean and dry. Test is done on second voided specimen unless client cannot produce second specimen. Effects of Clinitest tablet, Tes-tape or Ketostix are compared with color chart. Results of test are reported and recorded as required.

STEPS

1. Receive assignment.
2. Verify client's identity.
3. Explain procedure to client.
4. Wash hands.
5. Assemble equipment and supplies.
6. Assist client to bedpan, urinal, commode or toilet with specimen pan as indicated by condition.
   NOTE: Ambulatory client collects specimen unaided.
7. Provide privacy for client.
8. Instruct client to void.
9. Save urine in case client cannot void second time.
10. Give client liquids to drink.
11. Instruct client to void for second specimen.

For Clinitest method:

12. Drop 5 drops of urine into test tube with eye dropper.
13. Rinse eye dropper.
14. Drop 10 drops of water into test tube.
15. Rotate test tube between fingers to mix urine and water.
16. Drop one Clinitest tablet into test tube without touching tablet with fingers.
17. Close bottle tightly.
18. Shake tube gently after 15 seconds.
19. Compare with Clinitest color chart.

For Tes-tape method:

20. Remove 1 1/2 inches of Tes-tape from dispenser.
21. Dip tape end into urine specimen and remove immediately, or drop urine on Tes-tape.
22. Wait 60 seconds.
23. Compare tape with color chart.

For Ketostix method:

24. Remove one Ketostix from bottle.
25. Close bottle tightly.
26. Dip tip of Ketostix into urine.
27. Tap on side of container to remove excess.
28. Remove Ketostix.

STEPS (Cont.)

29. Wait 15 seconds.
30. Compare Ketostix to color chart.

After tests:

31. Leave client in a safe and comfortable position.
32. Clean and put away equipment and supplies not in use.
33. Wash hands.
34. Record and report procedure and results.

KNOWLEDGE

Read and interpret assignment sheet.
Read and interpret client care plan.
Wash hands aseptically.
Use medical terminology to communicate with other health care workers.
Identify reason for procedure.
Select equipment and supplies for procedure.
Use communication skills to explain procedure to client.
Use medical aseptic technique.
Use communication skills to reassure and comfort client as is appropriate during difficult or embarrassing procedures.
Use accepted methods to dispose of or clean equipment and supplies.
Use agency system to record and report observations.
Use agency procedures to report and record procedure.
Write legibly.
Explain anatomy and physiology related to urinary system.

ATTITUDES

Respect client's right to privacy.
Respect client's dignity.
Empathize with client regarding diagnostic procedure.
Accept the importance of performing procedures efficiently and quickly.
Value client comfort, safety and cooperation.
Value cost containment and prepare only what is needed for procedure.
Accept need to use terminology client understands.
Accept need to do distasteful nursing tasks thoroughly.
Accept client's need for privacy and possible resistance to accepting assistance.
Value client's need to comprehend their role in collecting specimen.
Accept need to be honest in regard to accurately carrying out procedure.
In addition, refer to Employability Skills List.

SAFETY

Use agency procedure to positively identify client.
Use aseptic technique to prevent infection among client, staff and families.
Place call signal where client can reach it.

SAFETY (Cont.)	Use principles of body mechanics to prevent injury to client and self. Prevent accidents by providing adequate assistance to client as indicated by their condition. Label all specimens accurately.
EQUIPMENT AND SUPPLIES	Bedpan, urinal, commode or toilet with specimen pan Specimen container Clinitest tablet or Tes-tape and Ketostix Eye dropper Water Sugar and acetone color charts Test tube
SOURCE OF ANALYSIS	V-TECS Catalog, Licensed Practical Nurse, Performance Objective 153.
ILLINOIS STATE GOALS FOR LEARNING	Language Arts: Goal 1-A: Recognition, recall, and summarization of material read. Goal 1-C: Reading for various purposes and identification of text to accomplish each purpose. Goal 2-A: Meaning of spoken messages. Goal 2-C: Inferences from spoken messages and nonverbal cues. Goal 2-F: Effective and appropriate responses. Goal 3-A: Use of appropriate language and style in writing for a variety of purposes and audiences. Goal 4-A: Clear and expressive speaking. Goal 4-D: Use of appropriate language and nonverbal cues for the topic, audience, and setting. Goal 6-D: English grammar. Mathematics: Goal 3-A: Measurement in various contexts using appropriate units. Physical Development and Health: Goal 1-G: Basic human anatomy and physiology as it relates to health and disease. Social Sciences: Goal 3-B: Selected principles of learning and motivation. Goal 3-F: Development of oral and written communication.

TASK ANALYSIS

OCCUPATION Home Health Aide

DUTY AREA Performing Diagnostic Measures

TASK Measure specific gravity of urine

PERFORMANCE STANDARD Client and bed linens are clean and dry. Specific gravity is measured from dark area of urinometer. Reading is reported and recorded as required.

STEPS

1. Receive assignment.
2. Verify client's identity.
3. Explain procedure to client.
4. Wash hands.
5. Assemble equipment and supplies.
6. Provide privacy for client.
7. Collect routine urine specimen.
8. Draw up urine in eye dropper.
9. Deposit one drop urine onto designated area of urinometer.
10. Close instrument.
11. Look through eyepiece of instrument.
12. Note number where dark area ends.
13. Clean instrument and eyedropper.
14. Return equipment to storage.
15. Leave client in a safe and comfortable position.
16. Wash hands.
17. Record and report procedure and results.

KNOWLEDGE

Read and interpret assignment sheet.
Read and interpret client care plan.
Wash hands aseptically.
Use medical terminology to communicate with other health care workers.
Identify reason for procedure.
Select equipment and supplies for procedure.
Use communication skills to explain procedure to client.
Use medical aseptic technique.
Use communication skills to reassure and comfort client as is appropriate during difficult or embarrassing procedures.
Use accepted methods to dispose of or clean equipment and supplies.
Use agency system to record and report observations.
Use agency procedures to report and record procedure.

KNOWLEDGE (Cont.)

Write legibly.
Explain anatomy and physiology related to urinary system.

ATTITUDES

Respect client's right to privacy.
Respect client's dignity.
Empathize with client regarding diagnostic procedure.
Accept the importance of performing procedures efficiently and quickly.
Value client comfort, safety and cooperation.
Value cost containment and prepare only what is needed for procedure.
Accept need to use terminology client understands.
Accept need to do distasteful nursing tasks thoroughly.
Accept client's need for privacy and possible resistance to accepting assistance.
Value client's need to comprehend their role in collecting specimen.
Accept need to be honest in regard to accurately carrying out procedure.
In addition, refer to Employability Skills List.

SAFETY

Use agency procedure to positively identify client.
Use aseptic technique to prevent infection among client, staff and families.
Use principles of body mechanics to prevent injury to client and self.
Prevent accidents by providing adequate assistance to client as indicated by their condition.
Label all specimens accurately.

EQUIPMENT AND SUPPLIES

Bedpan, urinal, commode or specimen pan
Eyedropper
Specimen container
Urinometer

SOURCE OF ANALYSIS

V-TECS Catalog, Licensed Practical Nurse, Performance Objective 154.

ILLINOIS STATE GOALS FOR LEARNING

Social Sciences:
  Goal 3-B: Selected principles of learning and motivation.
  Goal 3-F: Development of oral and written communication.
Mathematics:
  Goal 3-A: Measurement in various contexts using appropriate units.

ILLINOIS STATE GOALS FOR LEARNING (Cont.)

Language Arts:
- Goal 1-A: Recognition, recall, and summarization of material read.
- Goal 1-C: Reading for various purposes and identification of text to accomplish each purpose.
- Goal 2-A: Meaning of spoken messages.
- Goal 2-C: Inferences from spoken messages and nonverbal cues.
- Goal 2-F: Effective and appropriate responses.
- Goal 3-A: Use of appropriate language and style in writing for a variety of purposes and audiences.
- Goal 4-A: Clear and expressive speaking.
- Goal 4-D: Use of appropriate language and nonverbal cues for the topic, audience, and setting.
- Goal 6-D: English grammar.

Physical Development and Health:
- Goal 1-G: Basic human anatomy and physiology as it relates to health and disease.

TASK ANALYSIS

OCCUPATION Home Health Aide

DUTY AREA Performing Diagnostic Measures

TASK Test for ketones

PERFORMANCE STANDARD Client and bed linens are clean and dry. Test is done on second voided specimen unless client cannot produce second specimen. Effects of Acetest tablet or Ketostix are compared with color chart. Results of test are reported and recorded as required.

STEPS

1. Receive assignment.
2. Verify client's identity.
3. Explain procedure to client.
4. Wash hands.
5. Assemble equipment and supplies.
6. Provide privacy for client.
7. Collect second voided urine specimen.

Test urine using Acetest:

8. Place Acetest tablet on paper towel.
   NOTE: Use bottle cap, not fingers to move tablet.
9. Replace cap on bottle tightly.
10. Rinse the eyedropper with water.
11. Draw some of the urine into eyedropper.
12. Drop one drop of urine onto the tablet.
13. Wait 30 seconds.
14. Compare the tablet with the color chart.

Test urine using Ketostix:

15. Remove one Ketostix from bottle.
16. Close bottle tightly.
17. Dip tip of Ketostix into urine.
18. Tap on side of container to remove excess.
19. Remove Ketostix.
20. Wait 15 seconds.
21. Compare Ketostix to color chart.
22. Read the result that corresponds with the color match.

After tests:

23. Leave client in a safe and comfortable position.
24. Clean and put away equipment and supplies not in use.
25. Wash hands.
26. Record and report procedure and results.

KNOWLEDGE

Read and interpret assignment sheet.
Read and interpret client care plan.
Wash hands aseptically.

KNOWLEDGE (Cont.)

Use medical terminology to communicate with other health care workers.
Identify reason for procedure.
Select equipment and supplies for procedure.
Use communication skills to explain procedure to client.
Use medical aseptic technique.
Use communication skills to reassure and comfort client as is appropriate during difficult or embarrassing procedures.
Use accepted methods to dispose of or clean equipment and supplies.
Use agency system to record and report observations.
Use agency procedures to report and record procedure.
Write legibly.
Explain anatomy and physiology related to urinary system.
Compare color charts and determine similarities.

ATTITUDES

Respect client's right to privacy.
Respect client's dignity.
Empathize with client regarding diagnostic procedure.
Accept the importance of performing procedures efficiently and quickly.
Value client comfort, safety and cooperation.
Value cost containment and prepare only what is needed for procedure.
Accept need to use terminology client understands.
Accept need to do distasteful nursing tasks thoroughly.
Accept client's need for privacy and possible resistance to accepting assistance.
Value client's need to comprehend their role in collecting specimen.
Accept need to be honest in regard to accurately carrying out procedure.
In addition, refer to Employability Skills List.

SAFETY

Use agency procedure to positively identify client.
Use aseptic technique to prevent infection among client, staff and families.
Place call signal where client can reach it.
Use principles of body mechanics to prevent injury to client and self.
Prevent accidents by providing adequate assistance to client as indicated by their condition.
Label all specimens accurately.

EQUIPMENT AND SUPPLIES

Bedpan, urinal, commode or toilet with specimen pan
Specimen container
Acetest tablet
Ketostix

EQUIPMENT AND SUPPLIES (Cont.)	Eyedropper Water Color charts Paper towel
SOURCE OF ANALYSIS	V-TECS Catalog, *Licensed Practical Nurse*, Performance Objective 153. V-TECS Catalog, *Nurse Aide/Orderly*, Performance Objective 45.
ILLINOIS STATE GOALS FOR LEARNING	Language Arts: Goal 1-A: Recognition, recall, and summarization of material read. Goal 1-C: Reading for various purposes and identification of text to accomplish each purpose. Goal 2-A: Meaning of spoken messages. Goal 2-C: Inferences from spoken messages and nonverbal cues. Goal 2-F: Effective and appropriate responses. Goal 3-A: Use of appropriate language and style in writing for a variety of purposes and audiences. Goal 4-A: Clear and expressive speaking. Goal 4-D: Use of appropriate language and nonverbal cues for the topic, audience, and setting. Goal 6-D: English grammar. Mathematics: Goal 3-A: Measurement in various contexts using appropriate units. Physical Development and Health: Goal 1-G: Basic human anatomy and physiology as it relates to health and disease. Social Sciences: Goal 3-B: Selected principles of learning and motivation. Goal 3-F: Development of oral and written communication.

TASK ANALYSIS

OCCUPATION Home Health Aide

DUTY AREA Performing Diagnostic Measures

TASK Weigh and measure infant

PERFORMANCE STANDARD Infant's head is supported during procedure. Infant's weight and length are measured and measurements are reported and recorded as required.

STEPS

1. Receive assignment.
2. Verify infant's identity.
3. Explain procedure to parent.
4. Wash hands.
5. Assemble equipment and supplies.
6. Place protector pad on scales.
7. Remove infant's clothing.
   CAUTION: Infant's head must be supported at all times.
8. Place infant flat on scales.
   If baby scales are not available in the home:
9. Weigh on bathroom scales.
10. Hold infant on scales and note weight.
11. Subtract your weight from combined weights.
12. Note infant weight.
13. Measure infant from head to feet.
14. Replace infant in crib, rewrapping with blanket.
15. Report and record weight and length measurements.

KNOWLEDGE

Read and interpret assignment sheet.
Read and interpret patient care plan.
Wash hands aseptically.
Use medical terminology to communicate with other health care workers.
Identify reason for procedure.
Select equipment and supplies for procedure.
Use communication skills to explain procedure to parent.
Position patient for procedure.
Use medical aseptic technique.
Use accepted methods to dispose of or clean equipment and supplies.
Use agency system to record and report observations.
Use agency procedures to report and record procedure.
Write legibly.
Balance scale with protector pad in place as weight of pad can alter accuracy of small infant's weight significantly.

KNOWLEDGE (Cont.)	Read and convert pounds and kilograms. Read and convert inches and centimeters. Balance scale. Read scale. Hold infant. Dress and undress infant.
ATTITUDES	Accept the importance of performing procedures efficiently and quickly. Value patient comfort, safety and cooperation. Value cost containment and prepare only what is needed for procedure. Accept need to use terminology parent understands. Accept need to be honest in regard to accurately carrying out procedure. In addition, refer to Employability Skills List.
SAFETY	Use agency procedure to positively identify patient. Use aseptic technique to prevent infection among infant, staff and families. Put crib sides up before leaving infant unattended. Safeguard infant by remaining directly in front of the infant while weighing. Handle infant safely.
EQUIPMENT AND SUPPLIES	Protector pad Scales Tape measure
SOURCE OF ANALYSIS	V-TECS Catalog, Licensed Practical Nurse, Performance Objective 177.
ILLINOIS STATE GOALS FOR LEARNING	Mathematics: Goal 3-A: Measurement in various contexts using appropriate units. Goal 3-D: Conversion of units within one system and from one system to another. Goal 3-E: Application of selected measurement systems, instruments, and techniques. Goal 7-D: Ability to determine whether an estimate is a better alternative than an exact value.

ILLINOIS
STATE GOALS
FOR
LEARNING
(Cont.)

Physical Development and Health:

Goal 1-F: Basic concepts of human growth and development during the following stages: prenatal, infancy, childhood, adolescence, adulthood and the aging.

Goal 1-G: Basic human anatomy and physiology as it relates to health and disease.

Goal 2-R: Signs and symptoms indicating the need for professional medical attention.

Language Arts:

Goal 1-A: Recognition, recall, and summarization of material read.

Goal 1-C: Reading for various purposes and identification of text to accomplish each purpose.

Goal 2-A: Meaning of spoken messages.

Goal 2-C: Inferences from spoken messages and nonverbal cues.

Goal 2-F: Effective and appropriate responses.

Goal 3-A: Use of appropriate language and style in writing for a variety of purposes and audiences.

Goal 4-A: Clear and expressive speaking.

Goal 4-D: Use of appropriate language and nonverbal cues for the topic, audience, and setting.

Goal 6-D: English grammar.